

Children's All Day Pre-Nursery

Application for Infant/Toddler Program

Child must be 6 months by September 1st for entrance to Infant Program

Child must be 16 months by September 1st for entrance to Toddler Program

(Please print clearly and write above the line)

Child's full name _____ Sex _____ Nickname _____

Country of birth _____ Date of birth _____ For entrance (check one) Immediate Fall 2010

Program (check one)

Note: Only program available for Infants is 5 full days per week

Full time (5 full days per week)

Part time (3___ or, 4___ full days per week)

Siblings (name(s) age(s) and school(s) attending _____)

Mother's name _____ Cell phone _____ Home phone _____

Home address (including zip code) _____ E-mail address _____

Business (name of firm) _____ Business address _____ Business phone _____

Type of business _____ Position held _____

Father's name _____ Cell phone _____ Home phone _____

Home address (including zip code) _____ E-mail address _____

Business (name of firm) _____ Business address _____ Business phone _____

Type of business _____ Position held _____

Child's previous school or child care _____

Through what source did you learn about CADS? (If a friend, please give name)

AN APPLICATION FEE OF \$40 MUST ACCOMPANY THIS FORM

Signature _____ (Please print your name) _____ Date _____