

PRE-REGISTRATION FORM/DEPOSIT INFORMATION



Center		Today's Date	
Child's First Name		Last Name	
Gender	Birth Date	Entering Grade	
Male Female			

Parent/Guardian Information

Name	Name
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email
Address	

How did you hear about CCP?	
Is your child currently at a CCP center?	If Yes, which center?
Yes No	
Is your child currently on a wait list for another CCP center?	If Yes, which center?
Yes No	
Days of care needed	Monday Tuesday Wednesday Thursday Friday
Please list hours of care needed:	
Desired start date:	
Deposit Amount (check, ACH ok):	

Deposit is non-refundable if you decide not to enroll your child at one of CCP's programs. Enrollment is based upon availability; if CCP does not have a space available at your desired start date the deposit will be refunded.

Parent/Guardian Signature:
