

PLEASE PRINT OR TYPE INFORMATION

START DATE _____

LAST DAY _____

IS PARENT A STUDENT? _____

**APPLICATION
TRITON COLLEGE CHILD DEVELOPMENT CENTER**

Child's Name: _____
(Last) (First) (Nickname)

Address: _____
(Street) (City/Zip)

Home Phone: (____) _____

Parent E-mail Address: _____

Child's Age: _____ Birth date: _____

Father's Name: _____ Cell Phone# (____) _____

Mother's Name: _____ Cell Phone #(____) _____

Father's Address (If other than child's) _____
(Street)
Home Phone (____) _____
(Town / Zip)

Mother's Address (If other than child's) _____
(Street)
Home Phone (____) _____
(Town / Zip)

Parents' Marital Status _____

Father's Employer / School _____
Address _____
Work / School Hours _____ To _____ Phone (____) _____

Mother's Employer / School _____
Address _____
Work / School Hours _____ To _____ Phone (____) _____

Other members of household/relationship _____

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In an Emergency, notify (other than parent) _____

Relationship _____ Phone(_____) _____

Child's Primary Language(s) _____

Has child had previous Preschool Experience? _____
Where? _____

Is Child Toilet -Trained? _____ For how long? _____

What word is used for urination? _____ and Bowel Movement? _____

Does your child have Allergies? _____ If yes, specify _____

Is child now on medication? _____ If yes, specify _____

Persons authorized to pick up child (other than parent) (at least two names):

1. _____
(Name) (Phone Number)

(Address)

2. _____
(Name) (Phone Number)

(Address)

Reason For Enrollment: _____

Mother / Legal Guardian Signature _____ Date _____

Father / Legal Guardian Signature _____ Date _____

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Waiting List Card

Name: _____ Date: _____

Address: _____ Phone: _____
(Street) (Home)

City/Zip: _____
(Business)

Children

Birthdate

Wants Attendance on Following Days:

Days

Hours

Applied for _____ Semester Taken By _____