

# ZEARING CHILD ENRICHMENT CENTER

633 Masonic Drive, Princeton, Illinois 61356/telephone: 815-875-2335

## APPLICATION FOR ADMISSION

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First) (Last)

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ M/F \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

We would like to attend: Days of Enrollment M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ TH\_\_\_\_ F\_\_\_\_

\*Full-time child care needs take precedence over part-time child care needs.

I will bring my child to the center at: \_\_\_\_\_

I will pick up my child at: \_\_\_\_\_

Does your child have an 'active' Individualized Educational Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

We would like to apply for a subsidized slot (Per State: for families who qualify by income and family size). Yes \_\_\_\_\_ No, We do not qualify \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_

Other Children in family: \_\_\_\_\_

How did you hear about us? Friend\_\_ Family member\_\_ Radio\_\_ Newspaper \_\_Other\_\_\_\_\_

Please complete this form and return it to the center. If there is no immediate opening, your child's name will be placed on the "waiting List". We will notify you as soon as an opening occurs. At enrollment time, there will be a \$30.00 non-refundable application fee and an annual \$30.00 activity fee due. (Activity Fee non-refundable after 30/days from enrollment date).

No family will be discriminated against because of race, sex, religion or national origin. All information listed above is confidential.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Center Director

\_\_\_\_\_  
Date