



# The Children's College

2240 Iyannough Road • Cape Cod Community College • West Barnstable, MA 02668  
email: childcarecenter@capecod.edu • phone: (508) 362-2131 ext. 4474

Child's Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Mailing Address:

Street: \_\_\_\_\_  
Apt/Unit/ P.O.Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Tel #: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Identifying Information\*:

Sex:  MALE  FEMALE Skin Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Primary Language: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address:  
Street: \_\_\_\_\_  
Apt/Unit/ P.O.Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_  
Cellphone #: ( ) \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Tel #: ( ) \_\_\_\_\_  
At Work/School: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address (if not same as Child's):  
Street: \_\_\_\_\_  
Apt/Unit/ P.O.Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_  
Cellphone #: ( ) \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Tel #: ( ) \_\_\_\_\_  
At Work/School: \_\_\_\_\_ to \_\_\_\_\_

### MEDICAL INFORMATION:

Physician/Clinic: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
 Chronic health conditions  Allergies  
 Special diets Potty Trained:  Yes  No  
Please list: \_\_\_\_\_  
\_\_\_\_\_  
Dentist/Clinic: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_  
Alternate phone #: ( ) \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_  
Alternate phone #: ( ) \_\_\_\_\_

### REQUESTED SCHEDULE:

FULL DAY (7:15am - 5:15pm)  WEEKLY (M - F)  SELECTED DAYS:  
 MORNING ONLY (7:15am - 12:30pm)  MON  TUE  WED  THR  FRI  
 AFTERNOON ONLY (12:30pm - 5:15pm)  ADDED HOURS/OTHER: \_\_\_\_\_

This enrollment application is a request for admissions. All information herein becomes binding upon formal acceptance to The Children's College (TCC). TCC reserves the right to exclude any child permanently or temporarily, either in the interest of the child or for the good of the center.

\*Required by Massachusetts Department of Early Education and Care (EEC).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY  
Child's Name: \_\_\_\_\_  
Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age at Admission: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone #: ( ) \_\_\_\_\_  
ENROLLMENT APPLICATION