



EARLY CHILDHOOD ENROLLMENT APPLICATION:

*\$55 Application fee

Application Date _____

Desired Date of Enrollment _____

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip _____

Days and times of enrollment _____ Expected tuition _____

FAMILY INFORMATION:

Family Member's Name _____ Home Phone _____

Address _____ Zip _____

Where Employed _____ Work Phone _____

Cell Phone or Other Contact No. _____ Email _____

Family Member's Name _____ Home Phone _____

Address _____ Zip _____

Where Employed _____ Work Phone _____

Cell Phone or Other Contact No. _____ Email _____

If parents are separated, divorced, or otherwise not living together what arrangements exist for the child/
family/parents: _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No ___ Yes ___ Any special needs? No ___ Yes ___

If yes, explain:

Please give any information concerning your child which will be helpful in his or her experience in a group setting (such as play, eating or sleeping habits, medical needs or accommodations, special fears, special likes or dislikes, new circumstances such as separations, deaths of family members or pets, moves, etc.)

What are some your child's past experiences in non-relative care, school, or group settings?

What are your child's strengths and interests:

What are your goals for your child for this experience?

EMERGENCY CARE INFORMATION:

Name of Child's Doctor _____ Office Phone _____

2204 Joan Avenue * Greensboro * North Carolina * 27455 * 336.282.3332*www.occsgreensboro.org



Address _____
Name of Child's Dentist _____ Office Phone _____
Address _____
Hospital Preference _____

Allergies: Yes ___ No ___

Special Needs/ Special Considerations/ Necessary Accommodations/ Identified Disabilities:

Emergency Contacts: (Please list relationship)

Name _____ Phone _____ Phone _____ Relation to
child _____
Name _____ Phone _____ Phone _____
Relation to child _____

My child can be released to the following people:

(Name) (Phone)

I agree that the representative of OCCS may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Parent/ Guardian)

(Date)

Withdrawal Agreement: (Applications will not be processed without your signature)

If your family is a full-time family and chooses to withdraw from our program prior to the start of school or during the school year, a 60-day notice is required. You will be responsible for paying the next 2 months' tuition unless the space can be filled immediately. We will keep a running waiting list for each classroom in an attempt to make these unexpected transitions easier. Part-time families are enrolled for the entire year and responsible for tuition during the entire school year.

***I have read and understand the policy for withdrawing a child from the OCCS program.

Signature of parent/ legal guardian _____ Date _____