

Littlest Learners Child Development Center Enrollment Contract

Semester: _____ Year: _____ Date: _____

CCC Student: _____ CCC Faculty/Staff: _____ Community: _____

Child's Name: _____

Birthdate: _____ Age: _____

Elementary School Your Child Will Attend: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

College ID #: _____ Current Carroll Community Student (Yes or No): _____

Employer/College Major: _____

Email Address: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

College ID #: _____ Current Carroll Community Student (Yes or No): _____

Employer/College Major: _____

Email Address: _____

Person responsible for child care bill: _____

Print Name

Sign Name

Address of person financially responsible: _____

Person's authorized to pick child up: _____

Print Name

Sign Name

Relationship to Child

**** Please complete second page****

Is there a custody agreement? _____

If yes, please briefly describe agreement:

Please Check the Days and Times Needed:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-12:30					
12:30-6:00					

Half and Full Day Options:

2-Day Tuesday and Thursday

3-Day Monday, Wednesday, Friday

5-Day Monday-Friday

All children are enrolled for a minimum of two blocks.

If you are a student or faculty member at Carroll Community College, please list your current schedule, including class, days, times and room. (You may also attach a schedule from WebAdvisor.) Please add your Carroll Community ID number to the top of the form to designate your status.

Please include any other important information regarding your child such as IEP information, IFSP information or any special health needs such as allergies.

Please indicate how you heard about Littlest Learners Child Development Center.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____