

Charlotte Public Schools Child Care Program Application for Enrollment

Today's date _____ approx. start date _____

Child's Name _____ Birth Date _____

Home Address _____ apt. _____

City _____ State _____ Zip _____ Home Phone _____

Father / Guardian's name _____

Place of employment / School _____

Business Address _____

City _____ State _____ Zip _____

Work phone _____ cell phone _____

Mother / Guardian's name _____

Place of employment / School _____

Business Address _____

City _____ State _____ Zip _____

Work phone _____ cell phone _____

Schedule for the child: (K-8) school the child attends _____

Early Learning Center Site: 6 weeks – Preschool

(Circle the days your child will attend and write in approx. drop off / pick up times.)

Monday Tuesday Wednesday Thursday Friday

Approx. time of parent / guardian drop off _____ pick up _____

Before School Site: Kindergarten - Middle School Age

Monday Tuesday Wednesday Thursday Friday

Approx. time of parent / guardian drop off _____ / bus to school from child care

After School Site: Kindergarten - Middle School Age

Monday Tuesday Wednesday Thursday Friday

Bus to child care after school / approx. parent / guardian pick up time _____

Reservations for attendance on full and half days off from school, as well as school vacation breaks is done the week prior.