

Children's Center
178 Mechanic St. * Lebanon, NH 03766 * 603-448-1615

OFFICE USE ONLY:
Paid Y N
CASH CHECK

DATE RECEIVED:

APPLICATION FOR ENROLLMENT

Please complete all information requested and return this application with a non-refundable deposit of \$30 (per family)

Please indicate how	many childre	n and which	age you are see	king enrollme	nt for:
Infant (6 w	eeks- 18 mont	:hs)	Toddler (18 mor	ths- 36 mont	hs)
	Pre-	K (older than	36 months)		
	Desired enroll	ment date: _		-	
Circle all that apply:	Monday	Tuesday	Wednesday	Thursday	Friday
Name of child:		D	ate of Birth;		
Parent or Guardian:					
Address:					
Phone number:					
Email:					
Parent or Guardian:					
Address:					
Phone number:					
Email:				 	
Additional Information					
Child lives with: Both Pa	rents I	Mother only	Father	Only	
Legal Guardian Fo	ster Parent	DCF/I	OCYF Other:		

Primary Language spok	en at home:		
Do you have any devel	opmental concerns for you	ur child? Yes No	
Please explain:			
Are you working with a	iny agency to secure enrol	lment for your child?	
Yes No I	f yes, please explain:		-
	categories Infants (6 week	on your family's gross yearly in ks- 17 months), Toddlers (18 n	
We will need your inco	me verification prior to en	nrollment and ask you to upda	ate it every year
Please indicate your fa	mily's gross yearly income	:	
\$0-\$30,000	\$60,001-\$70,00	0	
\$30,001- \$40,000	\$70,001- \$80,00	0	
\$40,001-\$50,000	\$80,001- \$90,00	0	
\$50,001-\$60,000	\$90,001-\$100,0	000+	
Parent/ Guardian Signa	 uture	Date	_

Statement of Non-Discrimination: Children's Center of the Upper Valley does not discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age or disability.