

Chemeketa Community College
Early Childhood Education Department
Child Development Center and Lab School Bldg. 39
4000 Lancaster Dr. NE
Salem, Or. 97309-7070

Application for Admission

Date Application Received _____

Applications will be screened and places filled according to the attached policy. Parents will be notified if and when an opening is available for the child.

I. *The Child:* Name _____ Sex _____

Name known by _____ Date of birth _____

Age at time of application _____

Health: Excellent _____ Good _____ Fair _____ Poor _____

Physical handicap _____ Allergies _____

Special problems (language, emotional, etc.) _____

In order to provide a balanced mixture of children according to age, gender, and ethnic background, you are encouraged to supply the following information concerning the child you are enrolling. Please check the one which applies.

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Pacific Islander or Asian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Citizen of Another Country
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> No Response

II. *Parent(s):* Name _____ SSN _____

_____ SSN _____

Mailing address _____

(street) (city) (zip)

Home or message phone _____ Work phone _____

Has your child been enrolled previously in any group care situation? _____

Where? (Name of center, city, state) _____

Attendance: Circle the days you prefer your child to attend M T W TH F

Hours per day (i.e.) 8-12:30, 9-4, 9-12:30 _____ (Part-time must be at least three consecutive hours. Changes may be made as class schedules become stabilized.) The Center follows the class schedule of Chemeketa Community College and is closed for all holidays and when the college is not in session.

I have read the policy statement and understand and accept the responsibilities as explained.

Signed _____ Date _____