

Date Received \_\_\_\_\_  
\$5.00 Application Fee Received \_\_\_\_\_

Community Child Care Center  
1250 Fifield Avenue  
Saint Paul, Minnesota 55108  
(651) 645-8958

**APPLICATION FORM**

If you wish to have your child's name added to Community Child Care Center's Waiting List, please return this form along with the \$5.00 application fee check. If it is returned without the application fee, your child's name will not be added to the waiting list.

Child's Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_\_  
(month) (date) (year)

Preferred Start Date: \_\_\_\_\_

Where do you hear about CCCC \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_  
Are you a U of M Student/Faculty: Circle One \_\_\_\_\_  
Are you a CTC Resident: \_\_\_\_\_  
Address: \_\_\_\_\_

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Are you a U of M Student/Faculty: Circle One \_\_\_\_\_  
Are you a CTC Resident: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*Please remember to notify CCCC of any changes in your telephone number(s), address, preferred start date, or choice of options\*\*\*

Please check the option(s) you are willing to accept. You may indicate more than one enrollment schedule, but If you are offered and decline any enrollment schedule you have checked, your name will be deleted or will go to the bottom of the waiting list, whichever you prefer.

- \_\_\_\_\_ Full-time: Monday through Friday
- \_\_\_\_\_ Full day: Monday, Wednesday, and Friday
- \_\_\_\_\_ Full day: Tuesday and Thursday
- \_\_\_\_\_ Monday through Friday - mornings only (7:15am - 12:15pm/Toddler; 7:15am - 12:30pm/Preschool)
- \_\_\_\_\_ Monday through Friday - afternoons only (12:30pm - 6:00pm/Toddler; 12:45pm - 6:00pm/Preschool)
- \_\_\_\_\_ Any (first available)