

Date Received _____

\$15.00 CTC Resident/U of M Student Application Fee Received _____
\$25.00 Non-CTC Resident/Non-Student 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 application form along with a check in the amount of \$15.00 if you are a CTC Resident/U of M student or \$25.00 if you are a Non-CTC Resident/Non-Student of the U of M. If this form 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 did you hear about CCCC? _____

Parent/Caregiver Name: _____

Parent/Caregiver Name: _____

Are you a U of M Student/Faculty: Circle One

Are you a U of M Student/Faculty: Circle One

Are you a CTC Resident: _____

Are you a CTC Resident: _____

Address: _____

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)