**Campus & Community Children’s Center**



**Pre-Registration Form**

|  |  |
| --- | --- |
| **Date:** |  |

If you are interested in enrolling or re-enrolling your child in our program please fill out this form and return it to our office. Once we receive this form as well as the **$200.00** Tuition Deposit ($100.00 for each additional child), we will send you a full enrollment packet. Your child’s slot is not guaranteed until we receive both the Pre Registration and the Tuition Deposit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Childs Name |  | | | | | |
| Date of Birth |  | | Gender |  | | |
| Parent Name |  | | | | | |
| Address to sent Registration Packet |  |  | | |  |  |
| Street & Apt # | City\Town | | | State | Zip |
| Primary Phone |  | | | | | |
| E-Mail |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program**  Check the appropriate program(s) and requested schedule information  *Families requesting FULL TIME schedules are given priority on the waiting list* | | | | |
| Main Center | | School Age | | UPK Extension |
|  | |  | |  |
| **Requested Schedule** | | **Program(s)** | | Full Time Program |
| Full Time |  | Before School |  |
| Part Time M-W-F |  | After School |  |
| Part Time T-Th |  | Holiday Program |  |

|  |  |
| --- | --- |
| **Requested Start Date:** |  |

Any questions or concerns please feel free to contact us.

Thank You,

CCCC

280 Central Avenue

Fredonia, New York 14063

Phone: 716-673-4662

Fax: 716-673-4952

E-Mail: cccc@fredonia.edu

www.fredonia.edu/cccc

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| --- | --- |
| FOR OFFICE USE ONLY | |
| Tuition Deposit Received |  |
| Registration Packet Sent |  |