**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 |       |

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| --- |
| **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 |  |