|  |  |
| --- | --- |
| **Child’s Name** | **Date of Birth** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian Name** | **Address** | | **Phone # (Home & Cell)** | |
|  |  | |  | |
| Place of employment or school attending | |  |  | Email address |
|  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian Name** | **Address** | | **Phone # (Home & Cell)** | |
|  |  | |  | |
| Place of employment or school attending | |  |  | Email address |
|  | |  |  |  |

**Please complete those that apply:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requested Start Date | Full Fee | Subsidy | NSCC Affiliation | NSCECE Affiliation | NSCC/NSCECE  Alumnae | Community Resident |
|  |  |  |  |  |  |  |
| Are you willing to consider an earlier start date? | | | Campus | Campus | Date of graduation | |
|  | | |  |  |  | |

|  |  |
| --- | --- |
| Does your child have any special needs we should be aware of in order to provide best care? (For example, allergies, medical diagnosis, etc.) | Support being received and by whom |
|  |  |

**For office use only**

Date information received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Information taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up and notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_