

CCD Fall River Daycare Enrollment Application

Child's Name _____

Date of Birth _____

Parent/Guardian to
Contact _____ Relationship _____

Phone Number _____

Address _____

Email (Optional) _____

Approximate date you would like to start _____

Days Attending (Circle those that apply)

Approximate Hours

M T W TH F

Arrival _____ Departure _____

School Age: Days off school Arrival _____ Departure _____

Snow Days, Late Start/Early Release? _____

Have you toured our facility? Yes No

If not, what is the best day and time for you? _____

Are you County/State assisted? Yes No

Have you set up the hours and your work information with your caseworker? We need to see approval online before you can start.

How did you hear about us? _____

If from a current CCD family, please give their name and they will receive a gift from us.
