

**Chadron State College Child Development Center
Enrollment Form**



Child's Name:	Age:	Date of Birth:	Sex: M F
Child's Address:			
Mother/Guardian's Name:		Cell Phone #:	
Occupation:		Work Phone #:	
		Email:	
Father/Guardian's Name:		Cell Phone #:	
Occupation:		Work Phone #:	
		Email:	
Child's Race (Circle all that apply)	Child's Ethnicity (Circle all that apply)	What is your child's 1st language?	
American Indian or Alaskan Native	Hispanic or Latino	Please list any other languages:	
Native Hawaiian or Pacific Islander	Not Hispanic or Latino		
Asian	Child is: (Circle all that apply)	Does your child have special needs, a medical diagnosis, dietary plan, IEP, etc?	
White or Caucasian	Fostered		
Black or African American	Adopted		
	Biological		
	Step		
Child's Enrollment (Circle your family's need)	Anticipated Enrollment Day & Hours (Hours of Operation are 7:00 am – 5:30 pm)		
Full-time	Monday:		
Part-Time	Tuesday:		
After-School	Wednesday:		
	Thursday:		
	Friday:		
Will your family be receiving and/or needing any financial assistance? (Circle all that apply)			
Head Start	HHS Child Care Subsidy	HHS Respite	Other:
Where did you hear about the CSC CDC?			
Parent/Guardian Signature:			Date: