Cedar ChildCare Center, Inc.
Admissions Application

Thank you for your interest in care at Cedar! Please complete this application form and submit the non-refundable $100 application fee. We encourage you to schedule a tour with our Director to explore the space, learn about our approach to learning and care routines and experience the culture of the school. We look forward to connecting with you. Checks should be made payable to Cedar ChildCare Center, Inc.

Application Date: _____ **Child's Name:** _____

Date of Birth or Due Date: _____ **Gender Identity:** _____

Preferred Care Schedule (circle choice): Full Time, 5 days a week **OR** Part Time, 4 days a week

Parenting Adult/Guardian

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Occupation: _____

Parenting Adult/Guardian

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Occupation: _____

Other Family Members _____

How did you hear about Cedar? _____

Additional Comments:

_____

_____

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