



PRESCHOOL REGISTRATION FORM

Child's Name: _____

Address: _____

Birthdate: _____

Mother's/Guardian's Name: _____

Address: _____

Employer: _____

Father's/Guardian's Name: _____

Address: _____

Employer: _____

Date Child Care needed: _____ Hours child care needed: _____ Day(s) childcare needed _____

CCCC Preschool has a policy of family involvement. We encourage parents to spend time with their child/children in the preschool. Parents are expected to attend Parent meetings and individual conferences. Please sign that you are willing to commit to the parent involvement policy.

Parent/Guardian signature: _____ Date: _____

I have filled out the registration form and will meet with the CCCC Preschool staff. I would like to have my child/children considered for enrollment at the Central Carolina Community College Preschool. I understand that there is an annual registration fee of \$50.00. This fee covers field trips and special events.

Parent/Guardian signature(s): _____ Date: _____

CCCC Preschool

764 West Street

Pittsboro, NC 27312

Or FAX: (919) 545-8001

Phone: (919) 545-8049