



A  
Celebration  
of Children

Child Development & Learning Center  
13801 Fairview Drive \* Burnsville, MN 55337  
Office - 952-435-8105 \* Fax - 952-898-9379  
Website - www.cdcpreschool.org

Registering for the 20\_\_\_\_/20\_\_\_\_ school year.

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name to be used at school (if different) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Place of Business \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Place of Business \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

Child resides with \_\_\_\_\_

Age of brother(s) \_\_\_\_\_ sister(s) \_\_\_\_\_

Any person **not** authorized to take child home from school? \_\_\_\_\_

Has child had group experience? Yes No Where: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please list any allergies or health related conditions limiting your child.

Any further information you feel might be helpful in providing a positive experience for your child.

Please indicate your first (1) and second (2) choices below:

\_\_\_\_ M-W-F, a.m. \_\_\_\_ M-W-F, p.m. \_\_\_\_ T-Th, a.m. \_\_\_\_ T-Th, p.m. \_\_\_\_ M-T-W-Th, p.m.

\_\_\_\_ I would be interested in Lunch Bunch on the following day/s Mon. Tues. Wed. Thurs. Fri.

**\$50 NON-REFUNDABLE REGISTRATION FEE** per family due with this form to C.D.L.C until June 1st.

After June 1<sup>st</sup> the Registration Fee will be \$70.

How did you hear about CDLC? Website Prince of Peace Friend/Neighbor Other \_\_\_\_\_

\*\*\*\*\*

For office use only:

Returned \_\_\_\_\_ Check# \_\_\_\_\_ Orientation Date \_\_\_\_\_