



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 May 1st.

After May 1st 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 _____