

| PLEASE INDICATE: | | | |
|----------------------|-----------------------------------------|-------------------------|---------------------------------|
| | FCC Student | □ FCC Staff/Faculty | Community |
| Date of Application: | | Date Desired for Enroll | ment: |
| NAME OF CHILD: | Child's Date of Birth (month/day/year): | | |
| Parent(s) Name(s): | | | |
| Home Address: | | | |
| Home Telephone: (_ | | Work Telephone | : () |
| Cell: () | | | Inly used for contact purposes) |
| How did you find | l out about our ce | enter? | |
| PLEASE INDICA | TE THE APPROP | RIATE AGE GROUP FOR | YOUR CHILD: |

Infant and Toddler – (Check appropriate age below)
 6 weeks – 18 months
 18– 23 months
 Note: Infant/Toddler care is available by the Full Week or by Full Days (minimum 2 days)

- □ Young Preschool Age 2
- D Preschool I Age 3
- □ Preschool II Age 4
- □ **Pre-K** Age 4 by September 1st

PLEASE SELECT ENROLLMENT NEEDS: (Minimum of 2 equivalent time periods for part-time care)

Full Week (Monday through Friday):

By the Day: 🛛 Monday 🗋 Tuesday 🗋 Wednesday 🗋 Thursday 🗋 Friday

Morning Block (through lunch time):
Mon
Tues
Wed
Thurs
Fri

Please return form to: Frederick Community College Children's Center 7932 Opossumtown Pike, Frederick, Maryland 21702 For more information: 301.846.2612 Fax: 301-846-2614 www.frederick.edu