**APPLICATION FOR ADMISSION**

School Year (circle one) 2018-2019 2019-2020

Name of Child: Boy Girl

(Circle one)

Date of Birth: Name used if different from above:

Month/Day/Year

Parent/ Guardian I Parent/ Guardian II

Name Name

Address Address (if different)

City, State, Zip City, State, Zip

Home Phone Home Phone

Cell Phone Cell Phone

E-mail Address E-mail Address

**Please circle preferred schedule.**

**Monday Tuesday Wednesday Thursday Friday**

**Full Days 7:30 – 5:30 Part Days 8:30 – 3:30 Half Days 8:30 – 12:30**

**Half Day with Extended Program Option (ages 3 and up) 12:30-200 Tuesday Wednesday Thursday**

Is the child a dependent of a Regis College staff or faculty member? Yes No

Does the applicant have any siblings who have previously attended RCCC? Yes No

**I am submitting this application for my child’s admission to the Regis College Children’s Center. I have enclosed a check payable to RCCC for $75.00 which I understand is a non-refundable application fee.**

Signature of Parent/ Guardian Date

***For Office Use Only***

Date Application/ Fee Received Check #/ Amount