

**2023-2024 Application for Admission**
**\$100 Application Fee**

Child Name			
Name used if other than above			
Child Address			
Date of Birth		Gender	

**Parent/ Guardian Information**

Name		
Relationship		
Address		
Reachable Phone		
Email		

**Program Information**

Half Day: 8:30-12:30 or Part Day 8:30-3:30

Before Care available at 7:30 and After Care available until 4:30 or 5:15

Day	Half Day	Part Day	Before Care Hours	After Care Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Applications for financial aid will be accepted for review by the Director. Scholarships will be granted on the basis of need and to the extent funds are available. If you would like an application, please contact the director. All requests remain confidential.

If your child is a dependent of a Regis College employee, please inform the Director.

**I am submitting this application for my child's admission to the Regis College Children's Center program. I have enclosed a check payable to RCCC for \$100.00 which I understand is a non-refundable application fee.**

 \_\_\_\_\_  
 Signature of Parent/ Guardian

 \_\_\_\_\_  
 Date