



CITY OF EMERYVILLE

INCORPORATED 1896

CHILD DEVELOPMENT CENTER

1220 53RD STREET

EMERYVILLE, CALIFORNIA 94608-2923

TEL: (510) 596-4347 FAX: (510) 596-4388

For Office Only:
Start Date: _____
Classroom: _____
Reg. Fee Paid: _____

FULL-COST (NON-SUBSIDIZED) PROGRAM Registration Form

Today's Date: _____

A REGISTRATION FEE OF \$103 (NON-REFUNDABLE) IS REQUIRED.

Your registration fee does not apply towards childcare fees.

CHILD'S INFORMATION

Child's Name: _____			
Date of Birth: _____	Age: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address: _____	City: _____	Zip Code: _____	Phone Number: _____

MOTHER/CARETAKER INFORMATION

Mother/Caretaker's Name: _____			
Home Address: _____	<input type="checkbox"/> Check if same as child	City: _____	Phone Number: _____
Employer/Company/School Name: _____	Occupation: _____		
Business/School Address: _____	City: _____	Zip Code: _____	Business Number: _____

FATHER/CO-PARENT INFORMATION

Father/Co-Parent's Name: _____			
Home Address: _____	<input type="checkbox"/> Check if same as child	City: _____	Phone Number: _____
Employer/Company/School Name: _____	Occupation: _____		
Business/School Address: _____	City: _____	Zip Code: _____	Business Number: _____

Total Gross Family Monthly Income: \$ _____

HOURS: Please specify the number of days and hours your child will be in our care.

- Monday From: _____ To: _____
- Tuesday From: _____ To: _____
- Wednesday From: _____ To: _____
- Thursday From: _____ To: _____
- Friday From: _____ To: _____

