

Registration Form

Term: Fall Winter Spring Summer Year: _____

Child's Name: _____ Birthdate: _____

Gender: M F NB Child's Pronouns: _____

Person Enrolling Child: _____ Relation to Child: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Pronouns: _____

Address: _____ Apt/ Unit _____

City _____ State _____ Zip _____

Day Phone(s): _____ Cell Phone(s): _____

Parents ID G# _____

Parents PCC & other Email address(es) _____

I am a: STUDENT at PCC in the _____ program.

PCC EMPLOYEE in _____ department.

I (the undersigned) understand that the Child Development Center is a lab school for the Early Childhood Education program and I give my permission for my child to be observed, studied, and guided by PCC students participating in required college course work. I (also) understand that not all young children are able to adjust to group care in a lab school environment. The Child Development Center staff reserves the right to ask the parent(s) to make other arrangements.

Please list all languages spoken in the child's home(s): _____

Signature of Parent or Guardian: _____ Date _____

Signature of Person Enrolling Child if not Parent or guardian: _____