

Centerville Child Development Center, 8095 Garnet Drive 434-5949

Please complete the following information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Step-Mother's Name: \_\_\_\_\_

Step-Father's Name: \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

Siblings name, Age, Lives With: \_\_\_\_\_

Names of Persons Authorized to Pick Up Your Child: \_\_\_\_\_

List any goals you would like your child to accomplish: \_\_\_\_\_

My e-mail address to send newsletters or parent information about CCDC (not to be shared or distributed): (optional) \_\_\_\_\_

*Please select either YES or NO. (Parents have asked for Class Rosters for playdates, birthday party invitations, etc.) (This information differs from state required roster which may only include the parent's name and phone number and nothing else).*

YES! I agree to have my name, address, phone number, and my child's name published in a Class Directory for his/her classroom.

NO I do not want my information published in a Class Directory.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date