

SCC Application for Enrollment

Child's Name	Date of Admission
Nickname	Birth date
Address	Phone

Please print your e-mail Address, it will be used for school correspondence

Parent 1	
Home Address	Home Phone Cell
Employer Name and Address	Work Phone

Parent 2	
Home Address	Home Phone Cell
Employer Name and Address	Work Phone

Please list days and times you prefer for your child. We will do our best to honor your request.

List school goals you would like for your child:

Indicate your interests (Please check):

<input type="checkbox"/> SCC Sustainability	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Helping with field trips
<input type="checkbox"/> Calling Committee	<input type="checkbox"/> Advisory Committee	<input type="checkbox"/> Volunteer Projects

How did you hear about the Sylvania Children's Center?

Additional Comments or Concerns you would like to share with us.

Other languages spoken at home:

Names and Ages of Siblings:

SCC would like the opportunity to use photographs of your child for display, publication and advertising. This will include posting pictures on SCC website. Also, SCC may need to permit videotaping of teachers and student teachers working with your child. In such cases you will receive a notification in advance.

I would agree I would not agree

I have received a copy of the Parent Handbook and understand the policies as stated.

Parent/Guardian Signature

Date
