

THE CLIFTON SCHOOL ENROLLMENT APPLICATION

CHILD'S FULL NAME _____ DOB _____ Sex of Child _____

CHILD'S HOME ADDRESS _____

HOME TELEPHONE _____ RELATIONSHIP TO CHILD: _____

ARE YOU AN EMORY STUDENT? ___ YES ___ NO WHICH SCHOOL? _____

ARE YOU A CONTRACTOR WITH THE CDC? ___ YES ___ NO. CURRENTLY, CONTRACTORS OF THE CDC ARE NOT ELIGIBLE TO USE THE CLIFTON SCHOOL.

CHILD LIVES WITH: () SPONSOR PARENT () PARENT II () STEP-PARENT () GUARDIAN

WHAT IS THE EARLIEST DATE YOU ARE WILLING TO ACCEPT AND PAY FOR A POSITION? _____
YOU WILL NOT BE CONTACTED FOR A SPACE BEFORE THIS DATE

PLEASE CHECK ONE (1) OPTION: () Clifton Rd. Site Only () Clairmont Rd. Site Only () First Available
YOU WILL NOT BE OFFERED A SPACE IN THE OTHER CENTER IF YOU HAVE SELECTED A SPECIFIC SITE

IN THE EVENT THAT YOU ARE CALLED TO FILL A SPACE AND THE OFFER IS DECLINED, YOU MAY RETURN TO THE BOTTOM OF THE WAITING LIST UNTIL A SECOND OFFER IS MADE. IF THE SECOND OFFER IS DECLINED, YOUR NAME WILL BE TAKEN OFF THE WAITING LIST. IF YOU WANT TO REMAIN ON THE WAITING LIST AFTER YOUR SECOND OFFER, YOU WILL BE REQUIRED TO PAY AN ADDITIONAL REGISTRATION FEE OF \$60.00. (INITIAL)

SPONSOR PARENT

PARENT II

GUARDIAN/OTHER

NAME _____

ADDRESS _____

EMPLOYER _____

OCCUPATION _____

ADDRESS _____

WORK PHONE _____

CELL# / BEEPER _____

E-MAIL _____

TUITION ASSISTANCE REQUESTED: () YES () NO

(Tuition assistance is available to benefit eligible employees whose total family income is less than \$58,000/yr. This tuition assistance is not available to students.)

A \$60.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM. THIS FORM IN NO WAY GUARANTEES YOU A SPACE FOR YOUR CHILD FOR A SPECIFIC TIME OR PLACE. IT WILL PLACE YOU ON THE WAITING LIST FROM WHICH WE FILL VACANCIES.

PARENT'S SIGNATURE _____

DATE _____