

Employment Information:

Company name: _____

Street: _____ City: _____

State: _____ Zip code: _____ Business Phone: _____

Work Schedule: Days: _____ Hours: _____

Family Status (circle one):

Married Divorced Legally Separated Single Other

Is either parent deceased? Yes _____ No _____

Full name of parent(s) or guardian with legal custody of child _____

If separated or divorced, include a copy of all court approved custody documents.

If parents live in two separate households, would you like mailings to go to both households? Yes No

Has your child attended the Charlotte R. Riley Child Center before? Yes No

If yes, when was the last time your child was at the Center? _____

Additional Child Information:

The following information is requested to assist the program in planning for your child. Our program does not exclude children with special needs if we can provide a safe environment and meet your child's needs.

Special needs of child (for example, allergies, special conditions, medical information, behaviors, treatments, food intolerances, etc.):

Please note anything special you feel we should know about your child or your family:

