Chico Christian Preschool and Infant Center Waiting List/Pre-Registration Application

Date: _____

Thank you for your interest in Chico Christian Preschool. We are looking forward to working with you and your children. This form is for the waiting list and <u>does not guarantee</u> an opening at Chico Christian Preschool. It is only the first step to register your child. An application packet will follow before registration is complete. If you have any questions please call or visit the preschool office.

This form must be completed <u>before</u> your child is added to the waiting list. If your child has been on the waiting list over a year chances are the class he/she would go into will have changed please request a new form. You will keep your original position on the list but this will help our waiting list run smoothly. Thank you.

Child's Name:		Date of Birth:
(If you have multiple children please complete the bac	k of this form)	
Parent(s) Name:		
Phone number:		_Email:
Do you have a child currently enrolled at CCP	? Yes	No
Is this application for our Infant Center?	Yes	No
Have you taken a tour with our Administrator	r? Yes	No
Are you looking for full time care?	Yes	No
Does your child nap?	Yes	No
Is your child fully potty trained? We offer a full time schedule for infants and non-potty tr	Yes ained toddlers.	No Please ask for more information.
Date you would like your child to begin:		
If your child is <u>fully potty</u> trained please circle	the request	ted schedule:
A (7am-6pm) C (8:30 am-12:30pm)		
Please give an approximate - Drop off	time:	Pick up time:
List the days you would like your child to atte	nd?	
For office only: Date form received:	Pr	rospective Class:
Tour date: Application pack		
Comments:		