# DAY CARE CENTER OF NEW CANAAN, INC.

156 South Avenue Telephone 203-966-9247

New Canaan, Connecticut 06840 Fax 203-966-6876

AFTERSCHOOL PROGRAM REGISTRATION FORM

Date:

**Child’s Name**: Birth date:\_ Home Address:

Street Town Zip Code

Home Telephone Number:

School Attending: Grade:

**Mother’s Name**: Cell Phone:

Home Address:

Street Town Zip Code

Mother’s E-mail: Business: Business Phone:

Business Address:

Street Town Zip Code

**Father’s Name**: Cell Phone: Home Address:

Street Town Zip Code

Father’s E-mail: Business: Business Phone:

Business Address:

Street Town Zip Code

It is my understanding that upon receipt of this form the Day Care Center of New Canaan, Inc. will place my child on their current wait list for the Afterschool Program. I understand I will be notified when an opening becomes available at which time I will be required to place a $100.00 non-refundable deposit with the Center to secure my child’s space.

# PLEASE RETURN TO:

**Wendy Hower**

Afterschool Program Director Day Care Center of New Canaan 156 South Avenue

New Canaan, Ct. 06840

If you have any questions, please contact me.

203-966-9247

e-mail: wendyhowerdccnc@gmail.com