

DAY CARE CENTER OF NEW CANAAN, INC.

156 South Avenue
New Canaan, Connecticut 06840

Telephone 203-966-9247
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