

# CrossPoint Children's Center

6950 Edison Ave., Chino, CA 91710

Tel. 909-902-1154

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_

## APPLICATION FORM FOR ENROLLMENT

(Please print. Thank you.)

**Child's Name** \_\_\_\_\_ Sex \_\_\_\_\_  
Last First M.I.

Child's Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
P.O. Box or Street Address

\_\_\_\_\_ City State Zip Code

**Mother's Name** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Home E-Mail \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Position \_\_\_\_\_ Social Security # \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Home E-Mail \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Position \_\_\_\_\_ Social Security # \_\_\_\_\_

### Children's Center Schedule

CrossPoint Children's Center is open from 6:00 a.m.- 6:30 p.m., Monday through Friday. The following schedules are available. Please check  your preferred schedule on the block in front of your choice. If we are unable to accommodate you with your preferred schedule, we will try to accommodate you in your second choice, if you indicate a second choice.

**PLEASE NOTE: Classroom placement of your child is based on his/her birthday.**

(Please complete the other side)

