



Piedmont Child Care Center

PRE-ENROLLMENT FORM

Date: _____

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____ Home #: _____

Work #: _____

Parent/Guardian Name: _____ Home #: _____

Work #: _____

Email Address: _____

Program: _____

Type of Enrollment Requested: Full-Time Part-Time Before/After School Drop Off *

of Days: One -- Monday Tuesday Wednesday Thursday Friday

Two -- Monday Tuesday Wednesday Thursday Friday

Three -- Monday Tuesday Wednesday Thursday Friday

Four -- Monday Tuesday Wednesday Thursday Friday

Five -- Monday Tuesday Wednesday Thursday Friday

Requested Start Date: _____

* Please call ahead for available space.

- Disclaimer:*
1. There is no charge for placing your child on our wait list.
 2. Completing this form does not guarantee that your child will be admitted to Piedmont Child Care Center.
 3. Children accepted on a part-time basis may have to buy a full-time space, find a child who can complete the week, or withdraw if the classroom reaches full capacity and a family needs a full-time space.

How did you hear about PCCC? _____