



AS CHILD DEVELOPMENT CENTER APPLICATION FORM

Date received

Date _____ Date Child's Enrolled at CDC _____ Date Child's Enrollment Terminated _____

Child's Name _____ Preferred Name _____ Birthday _____ M/F _____

Parent's Name _____ Phone(h) _____ (w) _____

Address _____ City _____ State _____ Zip _____

Parent's Name _____ Phone(h) _____ (w) _____

Address _____ City _____ Zip _____

Email address for contact _____

Quarter you wish your membership to begin: Fall _____ Winter _____ Spring _____ Summer _____

Enrolled with program status at WWU? Yes _____ No _____ Employed at WWU? Yes _____ No _____

Name	Year in School	Major	Student Number

Has your child had previous school or daycare experience? Yes ___ No ___

If yes, please state when and where: _____

I am interested in Co-op ___ Non Co-op ___ hours per week ___ would like info on Scholarship for Pell grant eligible students ___
The benefits of this program are available to all children without regard to color, race, sex, age, handicap, religion, creed, marital status, disabled/Vietnam Era Veteran status, or national origin.

Return Form To: AS Child Development Center, 516 High Street MS9118, Bellingham, WA 98225-9118