



Application for Admission

Child's full name: _____

Date of application: _____ Date you would like to be enrolled: _____

Child's birth date: _____ Child's gender: _____

Child's race and cultural background: _____

Parent's Name: _____

Workplace: _____

Cell Phone: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Parent's Name: _____

Workplace: _____

Cell and Phone: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Is there anything else you would like us to know about your child or your hopes for his/her early education program?

Have you enclosed the \$50 application fee?

How did you hear about Children First? _____

return application and fee by mail to: Children First, 1211 Carroll Street, Durham, NC 27707