

JAMES & SUZANNE McCORMICK
Montessori
Child Care Center

AFFILIATED WITH SWEDISH COVENANT HOSPITAL

Schedule Desired (check one):

- Monday – Friday
- Mon / Wed / Fri
- Tues/ Thurs

Office Use Only Date/ Time Received:

App Fee: Cash Check

App Fee Check #: _____

Room Assignment: _____

Starting Date: _____

McCormick Child Care Center
Application for Enrollment

Name of Child (Last) (First) (Date of Birth) (Sex)

Address (Street) (City) (State) (Zip Code)

Is either parent/guardian an employee of any of the following organizations?

- Swedish Covenant Hospital
- Galter Life Center
- Erie Family Practice
- North Park University
- Evangelical Covenant Church

Parent's Name

Parent's Date of Birth

Address (City) (Zip Code)

(_____) _____
Phone Number

Email

Marital Status: Single Married
 Separated Divorced

Occupation

Place of Employment (if SCH, specify Department)

Hours Worked

(_____) _____
Phone Number (if SCH, specify extension)

Parent's Name

Parent's Date of Birth

Address (City) (Zip Code)

(_____)_____
Phone Number

Email

Marital Status: Single Married
 Separated Divorced

Occupation

Place of Employment (if SCH, specify Department)

Hours Worked

(_____)_____
Phone Number (if SCH, specify extension)

If parents are separated or divorced, please provide the name of the parent who has legal custody of the child: _____

Please provide the names and the birth dates of all siblings:

1. _____
Name Date of Birth

2. _____
Name Date of Birth

3. _____
Name Date of Birth

4. _____
Name Date of Birth

Signature of Parent

Date