

**SCHOOL USE ONLY**

Date of Interview/visit: \_\_\_\_\_ ☐ Faculty/Staff ☐ Student ☐ Community ☐ SGA ☐ DHS Starting Date \_\_\_\_\_  
Oakton ID No. \_\_\_\_\_ Registration fee \_\_\_\_\_ Material Fee \_\_\_\_\_ Tuition/Deposit \_\_\_\_\_

## Registration Form

Child's Name \_\_\_\_\_  
Last name First Middle

Date of Birth \_\_\_\_\_ Gender: ☐ Female ☐ Male  
Month/Day/Year

Parent/Legal Guardian \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
City State/Zip Code

Relationship to child \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Cell

Parent/Legal Guardian \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
City State/Zip Code

Relationship to child \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Cell

Please enroll my child for the program as indicated below:

**SCHOOL YEAR**

Fall/Spring Sessions: 7 a.m. - 6 p.m.

- ☐ Mon. - Fri.  
☐ Mon., Wed., Fri.  
☐ Tue., Thu.

Hours: From \_\_\_\_ a.m. to \_\_\_\_ p.m.

Please check preferred classroom: ☐ Hawk ☐ Owl

**SUMMER SESSION\***

Hawk Classroom: 7 a.m. - 6 p.m.

- ☐ 4-day option: Mon. - Thu.  
☐ 2-day option: Mon., Wed.  
☐ 2-day option: Tue., Thu.

Hours: From \_\_\_\_ a.m. to \_\_\_\_ p.m.

Owl Classroom: 9 a.m. - 1 p.m.

- ☐ 4-day option: Mon. - Thu.  
☐ 2-day option: Mon., Wed.  
☐ 2-day option: Tue., Thu.

*\*College is closed on Fridays during summer sessions.*

# Let's Get Acquainted

How did you hear about Oakton's Early Childhood Education Center?

Has your child been in a group setting before? ☐ Yes - Where and how long? *(please describe)* ☐ No

If your child was enrolled in another program, how did she/he transition from home to school?

If your child was not enrolled in another program, how do you anticipate your child's separation from you?

How is your child with self-help skills such as toileting, getting dressed, and/or feeding? *(please explain)*

Does your child nap during the day? ☐ Yes - When and how long? *(please describe)* ☐ No

Is English the primary language spoken at home? ☐ Yes ☐ No - Language spoken at home \_\_\_\_\_

What other important information would you like to or need to share about your child?

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_