



# City Hall Child Care Society

A NON-PROFIT CENTRE FOR EARLY LEARNING & DEVELOPMENT

## New Family Information

<b>Child's Name:</b>			
<b>Child's DOB:</b>			
<b>Date of Enrollment:</b>			
<b>City Hall Employee:</b>	<b>Yes</b>	<b>No</b>	<b>Dept.</b>

### Parent Information

<b>Parent's Name:</b>	<b>Parent's Name:</b>
<b>Parent's Contact Number:</b>	<b>Parent's Contact Number:</b>
<b>Parent's Email:</b>	<b>Parent's Email:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Special Skills:</b>	<b>Special Skills:</b>

### General Information

#### Emergency Contact

<b>Name:</b>	<b>Name:</b>
<b>Contact Number:</b>	<b>Contact Number:</b>

	<b>Amount Received</b>	<b>Date</b>
<b>Child Care Deposit (1/2 months fee)</b>		
<b>First Month's Fees (monthly program fee)</b>		
<b>Emergency Supplies Fee (15.00)</b>		
<b>Access Fob Package (\$60.00)</b>		

DATE \_\_\_\_\_

RCVD BY: \_\_\_\_\_