

# THE CLIFTON SCHOOL ENROLLMENT APPLICATION

CHILD'S FULL NAME \_\_\_\_\_ DOB/Due Date \_\_\_\_\_ Sex of Child \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ARE YOU AN EMORY STUDENT?  YES  NO WHICH SCHOOL? \_\_\_\_\_

ARE YOU A CDC CONTRACTOR?  YES  NO (CDC Contractors with children between the ages of 3-5 yrs old may enroll.)

CHILD LIVES WITH:  SPONSOR PARENT  PARENT II  STEP-PARENT  GUARDIAN

WHAT IS THE EARLIEST DATE YOU ARE WILLING TO ACCEPT AND PAY FOR A POSITION? \_\_\_\_\_  
YOU WILL NOT BE OFFERED AN ENROLLMENT DATE THAT PRECEDES THIS DATE

PLEASE CHECK ONE (1) OPTION:  Clifton Rd. Site Only  Clairmont Rd. Site Only  First Available  
YOU WILL NOT BE OFFERED A SPACE AT THE OTHER CENTER IF YOU HAVE SELECTED A SPECIFIC SITE.

IN THE EVENT THAT YOU ARE CONTACTED TO FILL A SPACE AND THE OFFER IS DECLINED, YOU MAY REQUEST TO RETURN TO THE BOTTOM OF THE WAITING LIST UNTIL A SECOND OFFER IS MADE. IF THE SECOND OFFER IS DECLINED, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST. IF YOU WANT TO REMAIN ON THE WAITING LIST AFTER YOUR SECOND OFFER, YOU WILL BE REQUIRED TO PAY AN ADDITIONAL REGISTRATION FEE OF \$85.00. \_\_\_\_\_(INITIAL)

	SPONSOR PARENT	PARENT II	GUARDIAN/OTHER
NAME	_____	_____	_____
ADDRESS	_____	_____	_____
	_____	_____	_____
EMPLOYER	_____	_____	_____
OCCUPATION	_____	_____	_____
ADDRESS	_____	_____	_____
	_____	_____	_____
WORK PHONE	_____	_____	_____
CELL# / BEEPER	_____	_____	_____
E-MAIL	_____	_____	_____

TUITION ASSISTANCE REQUESTED:  YES  NO  
(Income-based tuition assistance is available to benefit-eligible employees of Emory, CDC, and CHOA. The subsidy scale with income requirements for each employer is available at [thecliftonschool.org/families/tuition](http://thecliftonschool.org/families/tuition). This tuition assistance is not available to students.)

**A \$85.00 NON-REFUNDABLE APPLICATION FEE ( CHECK OR MONEY ORDER) MUST ACCOMPANY THIS FORM. THIS FORM IN NO WAY GUARANTEES YOU A SPACE FOR YOUR CHILD FOR A SPECIFIC TIME OR PLACE. IT WILL PLACE YOU ON THE WAITING LIST FROM WHICH WE FILL VACANCIES.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(See Back of Form)

## Child's Developmental Information

1. Please provide Information about your child's development that may assist us with choosing the appropriate classroom setting to support your child.

2. Please share any requests that you may have about your child's educational needs and/or developmental needs or gifts.

3. Do you have any concerns about or suggestions to help support your child's behavior? If so, please provide details.

4. Does your child have any medical needs? If so, please describe.