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 $100. _____(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. This tuition assistance is not available to students.)

A $100 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.