

PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in Delaware State University Laboratory School. Choosing a quality childcare program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Please return this completed form to Delaware State University Laboratory School.

When your registration form and fee are received, you will be placed on a waiting list. You will be contacted regarding the availability of space and the enrollment process. Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about Delaware State University Lab School program and develop a visitation schedule for you and your child. The Director will review the parent/guardian policies/procedures and enrollment forms at that time.

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

E-mail Address: _____

E-mail Address: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Company Name: _____

Company Name: _____

Company Phone: _____

Company Phone: _____

Days and Hours Desired:

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about Delaware State University Lab School?

We will do everything possible to meet your needs, but we are unable to guarantee start dates or part-time schedules. Enrollment is based upon availability and is subject to the priority enrollment rules of the Center.

Thank you for choosing Delaware State University Lab School.

For Administrative Use:

Priority level: _____

Date Registration received: _____

Check Number: _____

Date Offer Made: _____