

THE CHILD & FAMILY NETWORK CENTER

ALL FORMS MUST BE COMPLETED BEFORE WE CAN ENROLL YOUR CHILD

Early applications are encouraged. This application will be retained, without any future application fees required, until a child is of age.

Name of Child _____ **Preferred Name** _____ Male Female

Please choose one or more that best describes your child's ethnicity and/or race: Black or African American Asian or East Asian
 Hispanic or Latino Native Hawaiian or Pacific Islander Caucasian American Indian or Alaskan Native Mixed
 race/ethnicity

DATE OF BIRTH: _____

HOME ADDRESS: _____

Parent/Guardian

NAME _____ Male Female

HOME ADDRESS (If different than above) _____

DAYTIME TELEPHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION _____ WORK ADDRESS _____

Parent/Guardian

NAME _____ Male Female

HOME ADDRESS (If different than above) _____

DAYTIME TELEPHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION _____ WORK ADDRESS _____

For Official Use Only

<i>Place of Birth</i>	<i>Birth Date</i>	<i>Birth Certificate Number</i>	<i>Date Issued</i>
<i>Other Form of Proof</i>		<i>Date applied</i>	
<i>Parent /Guardian ID provided</i> _____ Yes _____ No		<i>Type of ID provided</i>	
<i>Date Entry/ Date withdrawn</i>		<i>Additional Comments</i>	
Application fee: _____	Check # _____	Authorized signature of administrator	
Program fee: _____	Cash: _____		

Revised March 2018

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