Application for Childcare

Russell Park CDC	La Rue Park CDC	Country Day	Country Day II
400 Russell Park	50 Atrium Way	1811 Renoir Ave	2802 Spafford St
Davis, CA 95616	Davis, CA 95616	Davis, CA 95616	Davis, CA 95616
(530) 753 – 2487	(530) 753 – 8716	(530) 753-8373	(530) 753-5225

I am applying for my child for _____.
(month and year you will need care)

program desired	schedule desired	Application Fee is nonrefundable
___Infant Program	___School Day (8:30am-2:30pm)	_____ $40 (for student families)
___Toddler Program	___Full Day Care (7:30am-6pm)	_____ $60 (for all others)
___Preschool		

_____ _____
child's name date of birth

_____ _____
street address preferred telephone #

_____ _____
City State Zip email address

_____ _____
parent's name parent's name

_____ _____
parent's occupation parent's occupation

_____ _____
parent's place of employment parent's place of employment

_____ _____
parent's work or cell phone # parent's work or cell phone #

This application will place your child on a waitlist for care in our program. If we have an opening that will meet your needs, in order to reserve the space, you will need to make a deposit of the last month's tuition and complete an enrollment contract. Deposits are fully refundable with 30 day notice of cancellation before scheduled start date.

_____ _____
signature of parent/ guardian today's date