



Enrollment Application for Non-Subsidized Child Care Davis Street Child Development Center

Please check below which Davis Street Child Development Center do you wish to enroll your child in:

- Garfield (Preschool and School Age care)
 Roosevelt (School Age care only)
 Jefferson (Preschool care only)

Child #1 Information What date would you like enrollment to begin? _____

Days & Hours Desired	MON	TUE	WED	THU	FRI
First Name	Last		Sex	Age	Date of Birth
Home Address (Street)					
City			State	ZIP	
Home Phone			Cell Phone		

Family Information Child #1 lives with _____

Mother First Name	Last	Father First Name	Last
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
E-mail:		E-mail:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Custody: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>			

For second child, please also fill out all of the Child #2 information on following page.

To register, please mail this completed form and along with your check of \$75.00 made payable to Davis Street. Your registration fee is not refundable, however, it does guarantee the next available spot for enrollment.

Davis Street Children's Services
3079 Teagarden Street
San Leandro, CA 94577

(510) 347-4620
Childrens@davisstreet.org

Child #2 Information

What date would you like enrollment to begin? _____

Days & Hours Desired	MON	TUE	WED	THU	FRI
First Name	Last		Sex	Age	Date of Birth
Home Address (Street)					
City			State	ZIP	
Home Phone			Cell Phone		

Family Information

Child #2 lives with _____

Mother First Name	Last	Father First Name	Last
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
E-mail:		E-mail:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Custody:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/> Other <input type="checkbox"/>