

# GREEN HILL CHILD DEVELOPMENT CENTER, INC.

120 Geneva Avenue Silver Spring, MD 20910

Phone: 301-589-0613

## ENROLLMENT APPLICATION

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### FAMILY INFORMATION

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_ Due Date: \_\_\_\_\_ (if child is unborn)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Home Phone: \_\_\_\_\_ (If responsible adult is not a parent)

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### EMERGENCY CONTACT / CHILD RELEASE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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### WEEKLY SCHEDULE REQUEST

		Hours
Full Time	<input type="checkbox"/>	Monday _____ Tuesday _____
Flex Time Only	<input type="checkbox"/>	Wednesday _____ Thursday _____
Part Time	<input type="checkbox"/>	Friday _____

Desired Enrollment Date: \_\_\_\_\_

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\_\_\_\_\_  
Parent(s) / Guardian(s) Signature

\_\_\_\_\_  
Date of Application