

Ranger College
Child Development Center
Enrollment Form

1815 West Lingleville Road
Stephenville, Texas
(254) 968-1070

Date _____ (Application expires one year from this date.) Time _____

Child's Name _____
(Last Name) (First) (Middle) (Nickname)

Date of Birth _____ Age today _____ Due Date _____ Sex _____

Home Phone _____

Other Phone number where you can be reached **immediately** _____

E-mail _____

Home Address _____
(Street) (City) (State) (Zip Code)

Mother's Name _____ Date of Birth _____

Driver's License Number _____ Occupation _____

Business Phone Number _____ Cell Phone Number _____

Father's Name _____ Date of Birth _____

Driver's License Number _____ Occupation _____

Business Phone Number _____ Cell Phone Number _____

Siblings:	Name	Age	Sex
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Has your child been previously enrolled in a Child Care Center? _____

Name of Child Care Center? _____ City: _____

Dates Attended: mo. _____/yr. _____ - mo. _____/yr. _____

Other Notes: _____

Is your child accustomed to a nap? _____

Parent/ Guardian Signature: _____

Date: _____ Time: _____

Classification: RC Student Faculty/Staff Community Resident

Parent of sibling enrolled in the Child Development Center

List any allergies or additional comments which might help us understand the need of your child: _____

Parent/ Guardian Signature:
