

## Pre-Admission Application \*Please print clearly in black or blue ink\*

Child's First and Last name:								
Child's Address:								
Child's DOB: Date		Date of Appl	of Application:		Projected Start Date:			
School Age Families:								
Child's School: Grade:								
Type of Care: Before and Afte			er Before			After		
Please check one:			Before			Aitei		
Parent/ Guardian Name:			Relation to Child:					
Address (if different from child's):								
Cell Phone:			E-Mail:					
Employer's Name:		Work	Phone:		Но	urs of Employment:		
Parent/ Guardian Na		Relation to Child:						
Address (if different from child's):								
Cell Phone: E-Mail:			l:					
Employer's Name:		Work	Phone:			urs of Employment:		
How did you hear about NDNCC?								
NON-REFUNDABLE APPLICATION FEE REQUIRED								
\$75.00 for the first child; \$40.00 for each additional child								
This application will be held on file for 4 months at which time you will be emailed to see if you are still interested in a placement.  Please make sure the email address is printed clearly.								
If we do not receive a reply, we will remove your name from the waiting list.								
NDNCC is a private, non-profit corporation in compliance with Title VI of the Civil Rights Act. NDNCC is committed to ensuring no persor shall be excluded from or denied benefit from any program or activity at this facility or be otherwise subjected to discrimination								
because of race, color, ethnic background, religious beliefs, sexual orientation or national origin.								
I understand NDNCC accepts children between the ages of 6 weeks and 14 years old on a first come, first serve basis.  I understand NDNCC requires a two-week deposit equal to two weeks of my child's tuition, which will be credited								
(provided I give a two-week notice) to the last two weeks my child is enrolled in NDNCC. While a two-week notice is								
required, a courtesy notice of 30 days is appreciated.  Signature of Parent/ Guardian:  Date:								
Signature of Parent/	ouardian:		טן	ale:				



## **Pre-Admission Application**

## **Parents Right to Know Notice** By signing this form, I am acknowledging I have received a copy of the Parents Right to Know Notice which states, "UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. You may also view substantiated complaints and To review a child care facility record, contact: compliance review histories by visiting the Office of **The Administrative Specialist** Office of Child Care Licensing Child Care Licensing's child care search at https://kids.delaware.gov/occl/search-for-child-3411 Silverside Road Concord Plaza/Hagley Building care.shtml. Wilmington, Delaware 19810 Phone (302) 892-5800 Signature of Parent/ Guardian:

NDNCC Use Only							
Enrollment Date:	Classroom:	Application fee received:  \$ amount :  Check # :  Cash :  Online :  N/A – POC :					
Date Received:	Administrator initials:						

Date: