

921 Barksdale Road, Newark, DE 19711 Phone: 302-731-4925 Fax: 302-738-8441

**PRE-ADMISSION APPLICATION – INFANT**

Child's Full Name: Click here to enter text.­­­­

Child's Date of Birth: Click here to enter text.

Please list any allergies your child has: Click here to enter text.

Parent(s)/Guardian(s) Name(s): Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Home Phone: Click here to enter text. Email: Click here to enter text.

Mother's/Guardian’s Work Phone: Click here to enter text. Father's/Guardian’s Work Phone: Click here to enter text.

Date when you would like to enroll your child? Click here to enter text.

How did you find out about Newark Day Nursery and Children’s Center (NDNCC)? Click here to enter text.

NDNCC is a private, non-profit corporation in compliance with Title VI of the Civil Rights Act. NDNCC is committed to ensuring no person 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. Please refer to the attached letter for information regarding your deposit and the two weeks’ tuition. I also acknowledge receipt of the attached “Parents Right to Know Notice”.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

Signature

**NON-REFUNDABLE APPLICATION FEE REQUIRED**

$75.00 for the first child; $40.00 for each additional child

*NDNCC Use Only:*

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

App. fee received by: \_\_\_\_\_\_\_\_ (Admin. init.) Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_, Ck #\_\_\_\_\_\_\_ or Cash?

**PARENTS RIGHT TO KNOW NOTICE**

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ann Marie Bercy **OR** Naomi Gosch

Office of Child Care Licensing Office of Child Care Licensing

3411 Silverside Road 821 Silver Lake Boulevard

Concord Plaza, Hagley Building Suite 103

Wilmington, DE 19810-4803 Dover, DE 19904

(302) 892-5800 (302) 739-5487

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>