



Cape Cod Child Development Enrollment Application

Intake Office - 83 Pearl Street, Hyannis MA 02601
(508)775-6240 or (800)974-8860 - FAX (508)775-3994

Thank you for your interest in our Child Care programs. How did you hear about us? (Please circle all that apply)

Newspaper Radio Flyer School DTA Office CCN/PACE Parent of child in CCCDP

Parent/Guardian(s) Name's _____

Telephone _____ Cell phone _____ Email _____

Street Address _____ Town _____ Zip Code _____

Mailing Address _____ Town _____ Zip Code _____

Please list the children needing care below:

Child's Name _____ Gender _____ D.O.B. _____

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Does your spouse or the parent of the child(ren) live with you (circle one) Yes No

Total in household _____ Are you a teen parent (circle one) Yes No

Wages

Is parent/guardian # 1 working (circle one) Yes No Seeking work Hours per week _____ Rate of pay _____

Is parent/guardian # 2 working (circle one) Yes No Seeking work Hours per week _____ Rate of pay _____

Type(s) of income (circle all that apply) Child Support SSI SSDI TAFDC Other _____

Do you have any children currently, or in the past 3 months, enrolled in childcare (circle one) Yes No

Are you looking for (circle one) Part Day (4 hours a day/5 days per week) Full Day (7:30-5:30) After School Summer Only

If full day, do you have a childcare voucher (circle one) Yes No

Date of child's last physical exam _____ Doctor's Name _____

Date of child's last dental exam _____ Dentist Name _____

Does your child have any medical / nutritional concerns _____ Please describe _____

Does your child have any special needs _____ Please describe _____

Are any of your children receiving Early Intervention Services _____ Do they receive special services from the public school? _____

OPTIONAL: Ethnic Background (circle one) African-American Asian Brazilian Hispanic Native American White Other

Primary Language _____

I attest that the income information listed above is accurate to the best of my knowledge.

Parent /Guardian Signature _____ Date _____

Se a sua primeira lingua for Português ou Espanhol, e se preferir assistência no seu próprio idioma, por favor ligue para o nosso intérprete Fatima Mourao Messier eno telefone 1-800-974-8860 ramal 312.
