



**Northeast Community Child Development Center**  
1624 NE Hancock Street, Portland, OR 97212  
(503) 284-8797

## Enrollment Application

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Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Group: Toddler (1-3) \_\_\_\_\_ Preschool (3-5) \_\_\_\_\_

Desired Starting Date: \_\_\_\_\_ Desired Days: M T W Th F

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Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

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Home Phone \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

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Home Address with Zip Code \_\_\_\_\_ Home Address with Zip Code (if different) \_\_\_\_\_

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Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

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Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Email \_\_\_\_\_ Email \_\_\_\_\_

- To be placed on the waiting list, please return this form with a \$50 non-refundable application fee.
- When you are offered and accept a space, one month's non-refundable tuition is due within three business days.
- Enrollment priorities are: enrolled part time children increasing enrollment; siblings of enrolled children; children of former NCCDC families; children from the general community on the waiting list.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*NCCDC does not discriminate on the basis of race, color, national origin, gender, age, disability, religion, sexual orientation or marital or family status in the administration of its educational, admission or scholarship policies. Rev 6/08*

Office use only		
Application received:	Fee paid Y/N	Tour date:
Acknowledgement sent:	Check #:	