



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

Enrollment Application

Child's Name _____ Gender _____ Birthdate _____

Group: Toddler (1-3) _____ Preschool (3-5) _____

Desired Starting Date: _____ Desired Days: M T W Th F

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Home Phone _____ Home Phone (if different) _____

Home Address with Zip Code _____ Home Address with Zip Code (if different) _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

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.

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 #:	