

PLEASE INDICATE:			
	FCC Student	□ FCC Staff/Faculty	□ Community
Date of Application:		Date Desired for Enrollm	ent:
NAME OF CHILD: _		Child's Date of Birth (mor	nth/day/year):
Parent(s) Name(s):			
Home Address:			<u> </u>
How did you find o		·?	
		TE AGE GROUP FOR YOU	
□ 6 we	Toddler – (Check appleeks – 18 months □		minimum 2 days)
☐ Young Pre	school – Age 2		
□ Preschool	I – 2 ½ -3 Year Old Pr	ogram	
□ Preschool	II – 3 ½ -4 Year Old P	rogram	
☐ Pre-K – Ag	e 4 by September 1st		
☐ Evening Ca	are – STUDENTS ONL	Y – Child must be 3 by Sept	1st but no older than 11.
PLEASE SELECT E	NROLLMENT NEE	DS: (Minimum of 2 equiv	alent time periods for part-time care)
Full Week (Mo	onday through Friday):		
By the Day:	□ Monday □ Tuesda	ay 🗆 Wednesday 🗆 Thurs	sday □ Friday
Morning Bloc	k (through lunch time	e):	Ved □ Thurs □ Fri
Evening Care	(6:00pm – 9:00 pm):	□ Mon □ Tues □ We	d □ Thurs
Please return form to:		mmunity College Childre	

For more information: 301.846.2612 Fax: 301-846-2614

www.frederick.edu