Triton College

Triton College Child Development Center
Application

Please Type or Print Information

Child's Information

Last Name _____   First Name _____

Nickname _____   Age _____   Birth Date _____

Address _____

City _____   ZIP Code _____

Parent/Guardian 1's Information (Primary)

Last Name _____   First Name _____

Primary Phone # _____   Cell   Home   Business

Secondary Phone # _____   Cell   Home   Business

Address (If other than child's) _____

City _____   ZIP Code _____

Email Address _____

Employer / School _____

Parent/Guardian 2's Information

Last Name _____   First Name _____

Primary Phone # _____   Cell   Home   Business

Secondary Phone # _____   Cell   Home   Business

Address (If other than child's) _____

City _____   ZIP Code _____

Email Address _____

Employer / School _____

General Information

Projected Start Date _____

Is one of the Parent/Guardian's a Triton student?   Yes   No

If yes, do you need child care to attend Triton classes?   Yes   No

Parent/Guardian to receive communications   Parent/Guardian 1   Parent/Guardian 2   Both

Child's Personal Details

Primary Language(s) _____

Has child had previous Preschool Experience _____

Is child Toilet Trained? _____

Does child have Allergies? _____   If yes, specify _____

Is child currently taking Medication? _____   If yes, specify _____

Pick Up Authorization – Persons other than the parents authorized to pick up child.

1. Last Name _____   First Name _____

   Primary Phone # _____   Cell   Home   Business

   Secondary Phone # _____   Cell   Home   Business

   Can we contact this person in case of an emergency?   Yes   No

2. Last Name _____   First Name _____

   Primary Phone # _____   Cell   Home   Business

   Secondary Phone # _____   Cell   Home   Business

   Can we contact this person in case of an emergency?   Yes   No

Parent / Legal Guardian 1 Signature _____   Date _____

Parent / Legal Guardian 2 Signature _____   Date _____