

SCHOOL USE ONLY

Date of Interview/visit: _____ ☐ Faculty/Staff ☐ Student ☐ Community ☐ SGA ☐ DHS Starting Date _____
Oakton ID No. _____ Registration fee _____ Material Fee _____ Tuition/Deposit _____

Registration Form

Child's Name _____
Last name First Middle

Date of Birth _____ Gender: ☐ Female ☐ Male
Month/Day/Year

Parent/Legal Guardian _____
Last name First Middle

Address _____
City State/Zip Code

Relationship to child _____ Email _____

Phone _____
Home Work Cell

Parent/Legal Guardian _____
Last name First Middle

Address _____
City State/Zip Code

Relationship to child _____ Email _____

Phone _____
Home Work Cell

Please enroll my child for the program as indicated below

HAWK CLASSROOM**Fall/Spring Sessions**

7 a.m. - 6 p.m.

☐ Mon. - Fri.

☐ Mon., Wed., Fri.

☐ Tue., Thu.

Summer Session*

☐ 4-day option: Mon. - Thu.

☐ 2-day option: Mon., Wed., or Tue., Thu. (circle preference)

Hours: From _____ a.m. to _____ p.m.

OWL CLASSROOM**Fall/Spring Sessions**

8:30 a.m. - 3 p.m.

☐ Mon. - Fri.

Summer Session,* 9 a.m. - noon

☐ 4-day option: Mon. - Thu.

☐ 2-day option: Mon., Wed., or Tue., Thu. (circle preference)

*College is closed on Fridays during summer sessions.

Let's Get Acquainted

How did you hear about Oakton's Early Childhood Education Center?

Has your child been in a group setting before? ☐ Yes - Where and how long? *(please describe)* ☐ No

If your child was enrolled in another program, how did she/he transition from home to school?

If your child was not enrolled in another program, how do you anticipate your child's separation from you?

How is your child with self-help skills such as toileting, getting dressed, and/or feeding? *(please explain)*

Does your child nap during the day? ☐ Yes - When and how long? *(please describe)* ☐ No

Is English the primary language spoken at home? ☐ Yes ☐ No - Language spoken at home _____

What other important information would you like to or need to share about your child?

Signature of Parent/Legal Guardian _____ Date _____