

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 _____