

SSCCC Admin. Only

Rec'd. _____

Age _____

As of 9/19

9/20

9/21

Silver Spring Child Care Center9525 Colesville Road
Silver Spring, MD 20901
301-589-1593**Wait List Application**

Today's Date _____ Requested Start Date _____

Child Information

Last Name _____ First Name _____

Nickname _____ Birth Date _____

Male ____ Female ____ SSSCC Sibling? Yes ____ No ____ Sib. Name _____

Parent/Guardian Information

1. Last Name _____ First Name _____

Address _____
Street City State Zip

Primary Phone _____ Work Phone _____

Email _____

2. Last Name _____ First Name _____

Address _____
Street City State Zip

Primary Phone _____ Work Phone _____

Email _____

Applicants are accepted for enrollment based on the date SSSCC receives the application and application fee. No child or family is denied enrollment at SSSCC based on color, race, religion, sex, national origin or sexual orientation.

Record of Contact (SSCCC Admin. Only)

Date	Regarding	Outcome

SSCCC Admin. Only

Application Fee - \$150.00 Paid _____ Check # _____

Registration Fee - \$125.00 Paid _____ Check # _____

Enrolled in _____ Start Date _____

Toilet trained as of start date: _____ yes _____ no All Forms Rec'd: _____