



**FCC Pomona
Child
Development
Center**

Inquiry Application

Child(ren)'s Name(s): _____
Date of Birth(s): _____ Age(s): _____ Gender(s): _____
(month/date/year)

Parent/Guardian Name (main contact) _____
Main contact Ph. No.: _____ e-mail address: _____
Address: _____
Parent/Guardian Name (secondary contact) _____
Secondary contact Ph. No.: _____ e-mail address: _____
Names and ages of siblings not attending FCC Pomona CDC _____

How did you hear about us? ☐Options ☐CCRC ☐DCFS ☐PUSD ☐Other Subsidizing Program: _____
☐FCCPCDC referral ☐friend ☐drove-by ☐internet ☐facebook ☐instagram ☐Other: _____

TOUR DATE: _____

DESIRED START DATE: _____

Preferred Program

SCHOOL YEAR

Preschool **2-5yo** Potty Trained.

Full time per month:

☐5 Full Days ☐4 Full Days ☐3 Full Days

Part time per month (4 hours or less):

☐5 Half Days ☐4 Half Days ☐3 Half Days

Preschool **2-5yo** Not-Potty Trained.

Full time per month:

☐5 Full Days ☐4 Full Days ☐3 Full Days

Part time per month (4 hours or less):

☐5 Half Days ☐4 Half Days ☐3 Half Days

Infant/Toddlers **6wks-24mo**

Full time per month:

☐5 Full Days ☐4 Full Days ☐3 Full Days

Part time per month (4 hours or less):

☐5 Half Days ☐4 Half Days ☐3 Half Days

SUMMER CAMP ONLY

School Age entering **K-4th grade**:

Full time per week:

☐8am to 5pm

A \$100 non-refundable registration fee, independent from the tuition amount, will be collected upon enrollment.
The enrollment packet will be given upon receipt of registration payment.

Parent/Guardian Name (main contact)

Date

For Office Use, Only:

Enrollment Packet given (date): _____ Enrollment Packet submission date: _____

Observation date: _____ Trial period date(s): _____ Official starting date: _____

Registration fee payment date: _____ Form of payment: _____ Payment information: _____

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