Application for Enrollment at

Kirksville Child Development Center
A Parent Cooperative Preschool

Child's full name _____ Birthdate _____
First Middle Last Mo/Day/Year

Address _____ City _____ State ____ Zip _____

Home Phone _____ Male/Female

Parent/Guardian Name _____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Employed by _____Work Phone _____ Cell Phone _____

E-mail address: _____

Parent/Guardian Name _____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Employed by _____Work Phone _____ Cell Phone _____

E-mail address: _____

The K-CDC is open from 7:30 a.m. to 5:30 p.m. each weekday during the academic year. Enrollment may be for full or part day, full or partial week, as available. Standard partial week options are MWF and TTh. Depending upon demand and available resources, other partial week plans may be negotiated.

Enrollment preference (please check one):

Full day (7:30a.m. – 5:30p.m.) _____

Part day (7:30a.m. – 11:30a.m.)
5 morning (MTWThF)____ 3 morning (MWF) _____ 2 mornings (TTh) _____

Preferred starting date: Fall _____ (year) Spring _____ (year)

Please mail with $50 non-refundable deposit to: K-CDC, 2805 S. Halliburton, Kirksville, MO 63501

The K-CDC does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation, marital status, disability or handicap.

For office use only:
Date application & deposit received: _____ Date enrollment packet mailed: _____