



Child Development Centers - Enrollment Interest Form

Name of Parent / Caregiver:

Phone*:

E-mail Address*:

**Please update your information with center as needed so they can reach you when a vacancy occurs.*

Child's Name:

Date of Birth:

Age:

Child's Name:

Date of Birth:

Age:

Child's Name:

Date of Birth:

Age:

Center of Interest (each Center maintains their own Interest List):

Additional Program of Interest:

**Families who qualify for Early Head Start / Head Start have priority on our interest lists for enrollment in our centers.*

Requested Quarter and Year:

Was/is the child (ren) enroll in Early Head Start; ECEAP or Head Start within the last six months?

Does your child have an:

Diagnosed disability

IFSP

IEP

Do you have any concerns about your child's development? Concerns about speech, body movements, etc.?

I am a:

Currently Enrolled Student

Starting Soon

Faculty / Staff of Pierce College

SID #:

Anticipated Start Date:

EID #:

I may qualify for a Pell Grant

SID #, if known:

Community Member
(no ties to Pierce College)

I have been awarded a Pell Grant

Additional Resources:

Receiving WCCC Subsidy

Receiving Food Stamps

Part of the BFET Program

Signature of Parent / Caregiver:

Date:

Milgard Child Development Center
Pierce College-Ft Steilacoom Campus
9401 Farwest Dr SW
Lakewood, WA 98498
253) 912-3680

Garnero Child Development Center
Pierce College-Puyallup Campus
1601 39th Ave SE
Puyallup, WA 98374
253) 864-3302

Completion of this form does not guarantee enrollment