

**CHILD CARE REGISTRATION FORM**  
**George Mason University Child Development Center**  
 4402 University Dr. MSN 5C2, Fairfax, VA 22030-4444  
 (703) 993-5960 FAX 703-993-3702

Please complete the following information and submit via fax or email to [cdc@gmu.edu](mailto:cdc@gmu.edu).  
 For details on our policies and procedures please visit our website at: [cdc.gmu.edu](http://cdc.gmu.edu)

**CHILD'S INFORMATION**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Sibling currently enrolled in CDC (please choose one)      YES      NO

**PARENT/GUARDIAN INFORMATION**

Parent's Name \_\_\_\_\_ Email address \_\_\_\_\_

Affiliation with George Mason University:    Full-time    Part-time    Faculty    Staff    Student

G# \_\_\_\_\_ Mason Department \_\_\_\_\_

Home address (if different from child's) \_\_\_\_\_

Home Phone (if different from child's) \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email address \_\_\_\_\_

Affiliation with George Mason University:    Full-time    Part-time    Faculty    Staff    Student

G# \_\_\_\_\_ Mason Department \_\_\_\_\_

Home address (if different from child's) \_\_\_\_\_

Home Phone (if different from child's) \_\_\_\_\_ Cell phone (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of persons with legal custody of the child \_\_\_\_\_

Home address/phone (if not provided above) \_\_\_\_\_

**ENROLLMENT NEEDS**

We currently offer full-time and limited part-time (3-day and 2-day) enrollment options. Enrollment procedures are explained in the Parent Handbook on the Mason CDC website. Please indicate below your scheduling needs for the child listed above. Kindly update this information via email as necessary.

Full-time      Part-time      If Part-time, select schedule: Monday, Wednesday, Friday      Tuesday/Thursday

Approximate hours of care needed \_\_\_\_\_ to \_\_\_\_\_      Desired start date \_\_\_\_\_

Current child care: \_\_\_\_\_

This application does not guarantee admission. When space becomes available, offers are made in the order in which the registrations are received based on desired start date. Please contact a member of the Admin team to schedule a visit at [cdc@gmu.edu](mailto:cdc@gmu.edu).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For Admin Use: (initial when complete)

Fee	
Ck #	
Rec'd	