

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
 and submit payment of \$75/child [online](#). For details on our policies and procedures
 please visit our website at: 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 only offer full-time enrollment. 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.

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.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

For Admin Use: (initial when complete)

Fee	
Ck #	
Rec'd	