



THE VAIL CHILD DEVELOPMENT CENTER
39209 HWY. 6
P.O. Box 955 Avon, Co 81620
Phone: 970-949-6585 Fax: 970-949-6535

New Student Application Form

Date of Inquiry: _____ Requested Start Date: _____

Desired schedule: Monday/Tuesday/Wednesday/Thursday/Friday

Child's Name: _____ Date of Birth/Due Date: _____

Mailing Address: _____

Mother/Guardian: _____

Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Father/Guardian: _____

Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Additional comments: _____

There is no fee to complete an application. Applications will be reviewed and processed. Priority will be given to families currently enrolled, followed by new applicant age groups. If there is an opening, you will be notified. A response is required within 48 hours. Once a space has been extended and accepted, the registration fee and Enrollment Agreement must be completed to solidify the space. If you do not respond, your name will be removed from the waiting list. Please notify us of any changes in your contact information.

If all openings are filled, applicants will be placed on the waiting list based on the order the application was received. You will be notified once your applications reaches the top of the waiting list and a slot is available. If you decline an opening, your application will be removed from the wait list unless you request that it remain active. If you decide to keep active, your application will be moved to the bottom of the waiting list. You are welcome to reapply for the wait list at any time.

Parent Signature

Date