



THE VAIL CHILD DEVELOPMENT CENTER

39209 US 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: _____

Circle desired enrollment 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: _____

Admission Process

There is no fee to complete an application. Applications will be reviewed and processed. A confirmation of receipt will be sent when an application is received. If all spots are full, applicants will be placed on the waiting list based on the order the application was received. Priority will be given to families with children currently enrolled, followed by new applicants in the desired age group. You will be notified once your application reaches the top of the waiting list and a spot is available. A response is required within 48 hours. Once a spot has been extended and accepted, the registration and enrollment agreement must be completed to secure the spot. If you do not respond, your name will be removed from the waiting list. 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 it 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. Please notify us of any changes to your contact information.

Parent Signature

Director Signature

Date received