

**Pre-Registration Form**

Thank you for your interest in the Cedar Child Care!

Please fill in this pre-registration form to be considered for one of our infant/toddler/pre-school full and part time spaces. After this form is submitted, we will contact you to schedule an interview to meet with you either virtually or in person.  
We will discuss your childcare needs and our philosophy.  
Space is limited so do not delay!

**Please fill in the form with the pre-registration fees of \$75.00. Mail the form with the check made to the Cedar Child Care at 152-156, Rindge Avenue, Cambridge, MA 02140**

**Parent 1 Name**

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

**Parent 2 Name**

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

**Child's Name**

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last name)

**Preferred Start Date:** \_\_\_\_\_

**Child's Birthday Date** \_\_\_\_\_ **Child's Gender** \_\_\_\_\_  
Month Day Year

**Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Primary Email \_\_\_\_\_ Secondary Email

Parent #1 Primary Ph. No. \_\_\_\_\_ Parent #2 Primary Ph. No. \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Ph. No. \_\_\_\_\_ Area Code \_\_\_\_\_ Ph. No. \_\_\_\_\_

**Preferred Care Schedule**

Full Time 5 days a week \_\_\_\_\_  
Part Time (4 days a week) \_\_\_\_\_

**Exceptional Child Care Needs**

**Additional Comments**

\_\_\_\_\_  
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