

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

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: [hr.gmu.edu/cdc/](http://hr.gmu.edu/cdc/)

**CHILD'S INFORMATION**

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

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

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

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**PARENT/GUARDIAN INFORMATION**

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

Affiliation with George Mason University: FT/PT (please circle)    \_\_\_ 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 \_\_\_\_\_

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

Affiliation with George Mason University: FT/PT (please circle)    \_\_\_ 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) \_\_\_\_\_

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**ENROLLMENT NEEDS**

We currently offer full-time and part-time (4-day and 3-day) enrollment options. Enrollment procedures are explained in the Parent Handbook on the GMU CDC website. Please indicate below your scheduling needs for the child listed above. Kindly update this information via email as necessary.

Circle preferred days of attendance    Mon                    Tues                    Wed                    Thu                    Fri

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

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

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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).

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Signature of Parent/Guardian \_\_\_\_\_ date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ date \_\_\_\_\_

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