

Jordan Child & Family Enrichment Center
Barbara H. Curtis Center

## Preliminary Application Please Print

PRE-	-APPLICATION DATE:		ANTICIPATED DA	ANTICIPATED DATE FOR CARE:		
CHILD'S DUE DATE OR BIRTH DATE:				MALE	FEMALE (CIRCLE ONE)	
СНІ	ILD'S LAST NAME	FIRST	MIDDLE	NICKNAME (IF AN	Y)	
NO	MOTHER/GUARDIAN			HOME PHONE		
IATI	ADDRESS			CITY	ZIP CODE	
FAMILY INFORMATION	EMAIL ADDRESS			WORK PHONE		
ULY	FATHER/GUARDIAN			HOME PHONE		
FAN	ADDRESS			CITY	ZIP CODE	
	EMAIL ADDRESS			WORK PHONE		
CHILD	DO YOU HAVE ANY CON	CERNS ABOUT YOUR CHILD'	S'S DEVELOPMENT? NO YES			
YOUR CE	IF YES, PLEASE EXPLAIN					
ΙŢ	ARE THERE ANY HEALTH	I CONCERNS OF WHICH WE	SHOULD BE AWARE? NO YES			
N ABC	IF YES, PLEASE EXPLAIN					
NFORMATION ABOU	DOES YOUR CHILD HAVE	E ANY KNOWN ALLERGIES?	NO YES			
OR	IF YES, PLEASE EXPLAIN					

Scholarships may be available for families with a financial or special need.

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