

Appt. Date: _____

Student Name: _____

Booker T. Washington Child Development Center, Inc.
Tel 602-252-4743 * Fax 602-252-4894

Please return the following documentation along with your pre-registration form:

Completed Pre-Registration Form

Copy of Up-to-Date Immunization Record

Certified Birth Certificate

AHCCCS Card (if applicable)

Physical Appointment Date _____ **Dental Appointment Date** _____

Proof of Income (*any of the following will be accepted*)

- | | |
|---|--|
| <input type="checkbox"/> Income Tax Form | <input type="checkbox"/> TANF documentation |
| <input type="checkbox"/> Pay Stub | <input type="checkbox"/> Written Statement from Employer |
| <input type="checkbox"/> Foster Care Reimbursement | <input type="checkbox"/> SSI documentation |
| <input type="checkbox"/> Documentation of no income | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> DES letter |

Proof of Address (a bill, letter, or something that was sent to you by mail)

Emergency Contacts

(Someone we can contact to relay a message to you / someone who will take responsibility of your child in case of an emergency.)

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Notes: _____
