



James R. Russell Child Development Center  
 Creighton University  
 Pre-Enrollment Registration Form

Thank you for your interest in the Russell Child Development Center at Creighton University! Choosing a high quality program for your child and your family is an important decision and we look forward to assisting you in this decision in any way possible. At the Center, we are committed to a three fold mission: to serve young children, to serve their families and to serve the students of Creighton University.

When your registration form is received, you will be placed on a waiting list for the appropriate classroom(s). The Center Director or Assistant Director will contact you about continuing the enrollment process as soon as we determine a space will be available for your child. **Enrollment is based on contact date with priority enrollment given to current families and undergraduate student parents.** Each classroom has different wait times based on current demand and classroom ratio/size constraints.

There is no fee to put your name on our waiting list. When you accept a spot, a \$100 deposit is due to guarantee your child's enrollment.

Contact Date: _____	
Infant _____	Toddler _____
Preschool _____	
Expecting: _____	Due Date: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
<b>Parent/Guardian Information</b>	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
E-mail: _____	E-mail: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Pager: _____	Pager: _____
Occupation/Creighton Affiliation: _____	Occupation/Creighton Affiliation: _____
_____	_____
Full Time/Part Time: _____ (infant care is only full time)	Date Care Needed: _____

**(office use only)**

Contacted Us/Still Interested: \_\_\_\_\_

Offered Space: \_\_\_\_\_ Title XX Requested: \_\_\_\_\_

**Return this form to:** *mail* James R. Russell Child Development Center  
 2222 Burt St., Omaha, NE 68178  
*e-mail* [katiemiller@creighton.edu](mailto:katiemiller@creighton.edu)  
 (402) 280-2460  
**For Further Information Contact** [katiemiller@creighton.edu](mailto:katiemiller@creighton.edu)  
 Center Director, Katie Miller  
 Assistant Director, Shanna Harald [shannaharald@creighton.edu](mailto:shannaharald@creighton.edu)

Comments/Questions: