



The University of Texas
Health Science Center at Houston

Auxiliary Enterprises

CDC Enrollment Form

The following information is required to apply for enrollment at the Child Development Center. **PRINT** this form, complete the information, and return this application along with the application fee* to: 7900 Cambridge, Houston, TX 77054. For questions, call us at 713.500.8454

**This application Fee is non-refundable.*

Child's Name: _____ Birthdate (or due date): _____

Address: _____ Desired Entrance Date: _____

Hours Care is Needed: _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____

Employer/School: _____ Occupation: _____

Father's Name: _____ Work Phone: _____

Employer/School: _____ Occupation: _____

Signature: _____ Date: _____

I heard about the UTCDC through: _____
