



Application for Enrollment

(One application per child. Check here if applying for more than one child ____)

Application Fee of \$25/child or \$40/family must accompany application.

Application Fees are non-refundable and do not assure placement.

Child's Name _____ Date of Birth (or due date) _____
Age at start date _____

Parent/Guardian #1 Name: _____ Address: _____
Parent/Guardian #2 or Emergency Contact Name: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____ Place of Employment _____

Days of the Week Desired: M T W Th F _____ Full Time (5 days/week) ___ Part Time
Hours of Care: _____ Start Date Requested: _____

- Are you flexible with your care schedule? Yes No
• Has your child ever attended a childcare center? Yes No
• Do you currently have a child enrolled here? Yes No
• Have you ever had a child enrolled at My Place? Yes No
• How did you hear about us? _____

Office Use

Date Received: _____ Amount Received: _____ Staff Initials: _____

Make Check or Money Order to My Place 208 W Broadway St. Montour Falls, NY 14891

Email: info@myplace-aplc.org Phone: 607.535.8908 Website: www.myplace-aplc.org