

Clinton Early Learning Center School Age Application

School Year September 2017- June 2018

CHILD'S INFORMATION (one form per child)

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	Grade in September 2017	Age in September 2017	Yrs	Mo
Child resides with <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (name)			Relationship	

PARENT/GUARDIAN #1 INFORMATION

Last Name	First Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	City	State	Zip	
Work Phone	Home Phone	Cell Phone		
Occupation	Employer	Email		

PARENT/GUARDIAN #2 INFORMATION

Last Name	First Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	City	State	Zip	
Work Phone	Home Phone	Cell Phone		
Occupation	Employer	Email		

MEDICAL

Child's Pediatrician	Phone		
Address	City	State	Zip
PLEASE NOTE: A medical examination with current immunizations is required within one year of your child starting the program (for new children) and must be updated annually. A form will be provided in the confirmation packet.			
Preferred hospital/urgent care center	Phone		
Address	City	State	Zip

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT OR GUARDIAN/EMERGENCY CONTACTS

Name	Address	
Phone 1	Phone 2	Relationship
Name	Address	
Phone 1	Phone 2	Relationship
Name	Address	
Phone 1	Phone 2	Relationship

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Early Childhood Application
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Last Name _____ First Name _____

SCHEDULE- Please indicate time option and days of the week attending

<input type="checkbox"/> 7:30am-8:50am	<input type="checkbox"/> M-F	<input type="checkbox"/> M,W,F	<input type="checkbox"/> T,Th
<input type="checkbox"/> 2:50pm-5:45pm	<input type="checkbox"/> M-F	<input type="checkbox"/> M,W,F	<input type="checkbox"/> T,Th
<input type="checkbox"/> Morning & After Care	<input type="checkbox"/> M-F	<input type="checkbox"/> M,W,F	<input type="checkbox"/> T,Th

REGISTRATION FEE & DEPOSIT

There is a non-refundable \$25 registration fee due at the time of enrollment. A non-refundable deposit of 50% of enrolled tuition is due on July 1, 2017 per child. Tuition is billed monthly and is due on the first of each month.

AGREEMENT/SIGNATURE

I consent to the enrollment of the child listed above in the Clinton Early Learning Center and have been advised of the policies regarding fees and services provided by the Clinton Early Learning Center and the *New York State Office of Children and Family Services regulations under which it operates.

To view the current NYS Day Care regulations, please visit:
http://ocfs.ny.gov/main/childcare/daycare_regulations.asp

Parent/Guardian Name _____

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date rec'd	Start Date	Class List	Class Room
Packet Mailed Date	Tracking		

SCHEDULE CHANGES

DATE	SCHEDULE CHANGE	DATE EFFECTIVE