

Wait List Application

Τо	Be	Р	laced	on t	he	W	ait	List
----	----	---	-------	------	----	---	-----	------

Please complete this form and mail to:

Clinton Early Learning Center Attn: Jo David 75 Chenango Ave Clinton, NY 13323 OR email to: jdavid@clintonelc.com

Please enclose the \$25 reservation fee with this form. Once we receive your application we will place you on our waiting list.

The Clinton Early Learning Center (CELC) **Priority List** is as follows:

- Current Families enrolled in the program
- CELC Employees

CHILD'S INFORMATION_

- Hamilton College Employees
- Families on the Waiting List
- Families in the community

When were you looking to start:

First Name DOB Last Name PARENT INFORMATION Last Name First Name Address City/Town State Zip Cell Phone_ Work Phone Home Phone Email Address Occupation Preferred Method of Contact Employer Enrollment Options- Please indicate the time option and days of the week you would like your child to attend M-F M, W, F T,Th 7:45am-5:15pm_ 7:45am-12:30pm M-F M. W. F T.Th

Once a classroom is full, families will be put on the waiting list. When a placement becomes available, families on the waiting list will be contacted.

OFFICE USE ONLY									
Date Received	Classroom	Date Accepted	Date Declined						