



# Clinton Early Learning Center School Age Application

September 2018- June 2019

## CHILD'S INFORMATION (one form per child)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female  
Date of Birth \_\_\_\_\_ Age in September 2018 \_\_\_\_\_ Yrs \_\_\_\_\_ Mo \_\_\_\_\_  
Child resides with  Parent 1  Parent 2  Both  Other (name) \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT/GUARDIAN #1 INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  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 \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ALLERGIES- Please list all allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 CONTACT

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Clinton Early Learning Center

**Early Childhood Application**

July 2018- June 2019

**CHILD'S INFORMATION (one form per child)**

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Last Name

First Name

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

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**Preference 1**

7:30am-8:55am

M-F

M,W,F

T,Th

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2:55pm-5:30pm

M-F

M,W,F

T,Th

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**Preference 2**

7:30am-8:55am

M-F

M,W,F

T,Th

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2:55pm-5:30pm

M-F

M,W,F

T,Th

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**SCHOOL YEAR September 2018-June 2019 REGISTRATION FEE & DEPOSIT**

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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 2, 2018 per child. Tuition is billed monthly and is due on the first of each month during the school year.

**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](http://ocfs.ny.gov/main/childcare/daycare_regulations.asp)

**Parent/Guardian Name**

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**Signature**

**Date**

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