



# Clinton Early Learning Center Early Childhood Application

July 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 \_\_\_\_\_

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

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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**Preference 1**

7:45am-5:15pm  M-F  M,W,F  T,Th

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7:45am-12:30pm  M-F  M,W,F  T,Th

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**Preference 2**

7:45am-5:15pm  M-F  M,W,F  T,Th

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7:45am-12:30pm  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.

**SUMMER CAMP June 25, 2018-August 31, 2018 REGISTRATION FEE & DEPOSIT \*NO CARE July 4<sup>th</sup>**

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**The CELC will be CLOSED for cleaning July 30-August 3. The Early Childhood Program will be CLOSED for Professional Development August 6-August 10. The SACC program will be in session August 6-10.**

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There is a non-refundable \$25 deposit for each week of camp due upon registration. If you register for 8 weeks, \$200 is due, if you register for 4 weeks, \$100 is due. All deposits go towards the weekly tuition. The first 4 weeks of tuition is due June 25, 2018 and the last 4 weeks of tuition is due July 23, 2018.

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**Week 1** June 25-June 29 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 2** July 2-July 6 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 3** July 9-July 13 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 4** July 16- July 20 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 5** July 23-July 27 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 6** Aug 13-Aug 17 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 7** Aug 20-Aug 24 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**Week 8** Aug 27-Aug 31 7:45am-5:15pm 7:45am-12:30pm M-F M,W,F T,Th

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**AGREEMENT/SIGNATURE**

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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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_