



Clinton Early Learning Center School Age Application

September 2019- June 2020

CHILD'S INFORMATION (one form per child)

Last Name _____ First Name _____ Male Female
Date of Birth _____ Age in September 2019 _____ 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 Primary Care Physician's Name/Group _____
_____ Phone _____

Child's Dental Care: _____ Phone _____

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 _____ Phone _____

Check boxes to indicate if your child has any special needs/services: None

Early Intervention/Special Education Occupational Therapy Speech/Language Physical Therapy

Allergies (list) _____

Other, please provide information here AND discuss with us: _____

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 _____

AGREEMENTS

- I consent to emergency medical treatment for my child..... YES No
- I consent for my child to take part in neighborhood trips (i.e., library, Clinton Arena, Ice Cream Shoppe, park) away from the program site..... YES No
- I have provided or will provide information on my child’s special needs to the program to assist in caring for my child..... YES No
- I agree to review and update this information whenever a change occurs YES No

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

Preference 1

7:30am-8:55am M-F M,W,F T,Th _____

2:55pm-5:30pm M-F M,W,F T,Th _____

Preference 2

7:30am-8:55am M-F M,W,F T,Th _____

2:55pm-5:30pm M-F M,W,F T,Th _____

SCHOOL YEAR September 2019-June 2020 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 22, 2019 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

Parent/Guardian Name _____

Signature _____ Date _____

****Summer Camp registration is a separate registration and requires a separate registration fee****