



Chittenango Child Care Center, Inc.

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Chittenango, NY 13037
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SCHOOL-AGE APPLICATION FOR ENROLLMENT

Family and Social History

Name of Child _____ Date of Birth _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother (or Guardian) _____

Home Address (if different) _____

Father (or Guardian) _____

Home Address (if different) _____

Living Status of Parents: Living Together _____ Separated _____ Divorced _____

Stepfather _____ Stepmother _____

Custody/Visitation Arrangements _____

Brothers & Sisters of Child:

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Health History of Child

Does your child have any allergies? _____

Has your child had any serious accidents/injuries? _____ Explain: _____

Any other information we should know? _____

How did you hear about Chittenango Child Care Center? _____

I affirm that all information furnished by me is true to the best of my knowledge and belief.

Signature _____ Date _____