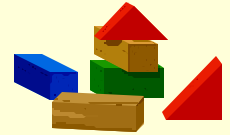




Sitrin Child Care Center



Samantha Schreck
Program Director

3 Kavod Road, New Hartford, NY 13413
telephone (315) 733-1900
fax (315) 624-0401

Richard A. Wilson
Chief Executive Officer

APPLICATION FOR ADMISSION/WAITING LIST

Name of child _____ Date of birth _____
or anticipated date of birth

Mother's name _____
Mother's address _____
Mother's place of employment _____
Daytime telephone _____ Evening telephone _____

Father's name _____
Father's address _____
Father's place of employment _____
Daytime telephone _____ Evening telephone _____

Days you would need child care _____

When would you like your child care to begin? _____

Do you currently have a child enrolled at the Center? _____

If not, how did you hear about the Sitrin Child Care Center? _____

If you would like more information or would like to schedule a tour of the Center, please contact Samantha Schreck, Program Director, at 733-1900. The Center is open Monday through Friday from 7 a.m. to 5:30 p.m.

The waiting list fee is \$20 for one child, \$30 for two children, or \$35 for three or more children from the same family. The fee must be included with this application in order to be placed on the waiting list. Checks may be made out to the Sitrin Child Care Center.

By signing below, I understand that the waiting list fee is non-refundable. Furthermore, I understand that while it does not guarantee my child placement at the Center, it does secure placement on the waiting list, and that I will be notified of the next available opening. If any of the above information changes, I will notify the Center.

Parent Signature _____ Date _____

Administration Use Only: Check #: _____ Received by: _____ Date _____