



Sitrin Child Care Center

APPLICATION FOR ADMISSION / WAITING LIST

Child's Name: _____ 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 & Hours You Would Need Child Care? _____

What Date Would You Like Child Care To Begin? _____

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-Ivey, Program Director, at 733-1900. The Center is open Monday through Friday from 7 a.m. to 5:30 p.m.

The non-refundable 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: **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, it is my responsibility to notify the Center.

Parent Signature:  _____

Date: _____

— Administration Use Only —

Check #: _____

Received by: _____

Date: _____