

# 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 Elizabeth Carnrike, 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: \_\_\_\_\_