



APPLICATION FOR ADMISSION/WAITING LIST

Child's Name _____ 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? _____

For more information or to schedule a tour of the Child Care Center, please contact Heather Galinski, Program Director, at (315) 733-1900. The Child Care Center is open Monday through Friday from 7:00 a.m. until 5:30 p.m.

Please mail a signed copy of this application along with the waiting list fee. 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 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 Child Care Center, it does secure placement on the waiting list, and I will be notified of the next available opening. If any of the above information changes, I will notify the Child Care Center.

Parent Signature _____ Date _____

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