



YORKTOWN Child Care Center

Application for Enrollment

Please submit a separate application for each child.

Parent(s) Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Mail Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____ Usual Work Hours: _____

Name of Child: _____

Date of Birth or Due Date: _____

Name(s) of other child(ren) for whom an application is being submitted:

Type of care requested: Full-time _____ Part-time _____

If part-time, days care is requested for are (*specific part-time care will only be offered if space is available*):

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Date care is requested to begin: _____

(If space is available more than one month in advance of this date we will notify you.)

When enrollment is confirmed a security deposit is required to reserve a space for your child. This deposit is in the sum of half a month's tuition. The deposit is totally refundable provided a 30-day notice is given in writing. It will be deducted from the final month's tuition at Yorktown Child Care Center.

Signature of Parent: _____

Please make your check payable to: **Yorktown Child Care Center**

2300 Catherine Street, Cortlandt Manor, NY 10567
914-739-2244 x5517 www.YORKTOWNCCC.com

Thank you for your application

For Office Use Only

Date Received: _____

Enrollment offered on: _____ Beginning: _____ Acknowledged: _____

Accept for: _____ Or Decline: _____ Comments: _____

Billing Dept. Notified: _____