

**FOR OFFICE USE ONLY:**

Reg Fee Pd : \_\_\_\_\_  
mo / dy / yr

Check # \_\_\_\_\_  
Classroom: \_\_\_\_\_



**APPLICATION FOR ENROLLMENT**

Child's Name: \_\_\_\_\_  
(Last Name) (MI) (First Name)

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Beginning date of attendance: \_\_\_\_\_  
MM / DD / YY

Days of the week care is required (please circle those that apply):

Monday Tuesday Wednesday Thursday Friday

**For school age children please check appropriate box: My child requires:**

Kindergarten wrap-around care: \_\_\_\_\_  
Before & after school care: \_\_\_\_\_  
After school care only: \_\_\_\_\_  
Before school care only: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Bus # \_\_\_\_\_

**Parent Information**

**Mother/Guardian:**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Parent Signature

Date

**Return completed application package and \$50 non-refundable registration fee to:**

Pal's Early Childhood Care and Learning Center  
21 Crossing Blvd.  
Clifton Park, NY 12065

Phone: 518-383-3500 Fax: 518-383-3555

*Enroll fm – approved 8/1/16*