



Enrollment Application

Fill out the application below and return to:

Cortland Child Development Centers

59 Pomeroy Street
Cortland NY, 13045

Fax: 607-756-2530

Email: childdevjenny@gmail.com

Enrollment Date Requested: _____

Child(ren)'s Information

Name(s) of child(ren) to enroll (last, first)	Birth Date	Gender	Any Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child(ren) Live(s) With: **Mother** **Father** **Both** **Other** (specify): _____

Child(ren)'s Address: _____ **City:** _____

Parent's Information

Parent's Name: _____ **Daytime Phone #:** _____
Address: _____ **City:** _____
Employed By: _____ **Work Phone #:** _____
Email Address: _____ **School District:** _____

Parent's Name: _____ **Daytime Phone #:** _____
Address: _____ **City:** _____
Employed By: _____ **Work Phone #:** _____
Email Address: _____ **School District:** _____

Child Care Needs

Full Time **Part Time** * Please note that priority is given to families needing full time enrollment

Days of the Week: _____ **Hours of the Day:** _____

Tuition Information

I will be paying the full cost of tuition for my child(ren)

I request tuition assistance **Gross Annual Income:** _____

I receive additional support through DSS, child support, etc. **Casework's Name:** _____

Total number of members in household _____

_____ **Print Name** _____ **Signature** _____ **Date**

Office Use Only

Date Received: _____ **Deposit Received:** _____
Start Date: _____ **Tuition:** _____