



## 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:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Employed By:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Work Phone #:** \_\_\_\_\_  
**School District:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Employed By:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Work Phone #:** \_\_\_\_\_  
**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:** \_\_\_\_\_