



## 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 The Early Learning Center at FIELDHOME.

**Signature of Parent:** \_\_\_\_\_

Please make your check payable to: **The Early Learning Center at FIELDHOME**  
2300 Catherine Street, Cortlandt Manor, NY 10567  
914-739-2244 x5517 [www.FIELDHOME.com](http://www.FIELDHOME.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: \_\_\_\_\_