



Child Enrollment Request Form

Parent **Guardian:** _____
Last Name First Name

Address: _____

Cell: _____ Home: _____ Work: _____

E-mail: _____

Employer: _____

Parent 2 **Guardian 2:** _____
Last Name First Name

Address: _____

Cell: _____ Home: _____ Work: _____

E-mail: _____

Employer: _____

Do you qualify for DSS subsidized childcare? Y N

I have concerns with my child's development in: behavior speech gross or fine motor skills

Child Information

<u>Name</u>	<u>DOB</u>	<u>M/F</u>	<u>Drop Off Time</u>	<u>Pick Up Time</u>	<u>Requested Date of Enrollment</u>
1: _____	_____	_____	_____	_____	_____
2: _____	_____	_____	_____	_____	_____
3: _____	_____	_____	_____	_____	_____

Please note, this does not guarantee your child enrollment to Little Lukes Childcare Center. We will contact you after this form is received. Please notify us of any change in your phone numbers.

ADMINISTRATION ONLY SECTION

Date Received: _____	Infant: _____
Date Family Contacted: _____	Waddler: _____
Date Added to Waiting List: _____	Toddler: _____
	Pre-K: _____
	Date Admitted: _____

Dewitt: 5820 Heritage Landing Drive, East Syracuse NY 13057 • Phone: (315) 701-1107 x1 • Fax: (315) 701-1131

Radisson: 8282 Willett Parkway, Baldwinsville NY 13027 • Phone: (315) 857-0800 x1 • Fax: (315) 857-0803

Oswego: 10 Burkle Street, Oswego NY 13126 • Phone: (315) 342-4600 x1 • Fax: (315) 342-9599

Pulaski: 20 Castle Drive, Pulaski NY 13142 • Phone: (315) 298-5070 • Fax: 298-3986

Fulton: 706 South 4th Street, Fulton NY 13069 • Phone: (315) 887-5250 x1 • Fax: (315) 887-5251