



Application for Enrollment

(One application per child)

- Application fee of **\$25/child** or **\$40/family** must accompany application.
- Application fees are non-refundable and do not assure placement.

(If interested in enrolling more than one child, please check here and remember to fill out one application per child)

Child's Name: _____
Son / Daughter (please circle)

Date of Birth (or due date): _____
Age at start date (weeks, months, years): _____

Father / Guardian Information:

Name: _____

Address: _____

Phone Carrier (to receive text): _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Mother / Guardian Information:

Name: _____

Address: _____

Phone Carrier (to receive text): _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Days of the Week Desired: M T W Th F
Hours of Care: _____

Full Time (5 days/week) Part Time
Start Date Requested: _____

Are you flexible with your care schedule? Yes No

Are you interested in volunteering at the center? Yes No

Do you currently have a child enrolled here? Yes No

Have you ever had a child enrolled at My Place? Yes No

How did you hear about us?

Our Website Online Search Employer

Friend/Family - Name: _____ Other : _____

Is there any additional information that we should know or consider?

Office Use:

Date Received: _____ Amount Received: _____ Staff Initials: _____

Payment type: **Check** (payable to My Place) Check #: _____ **Cash**

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