Child Enrollment Request Form

( ) Parent ( ) Guardian 1: _____
Last Name First Name

Address:_____

Cell: _____ Home: _____ Work: _____

Employer:_____

( ) Parent ( ) Guardian 2: _____
Last Name First Name

Address: ( ) Same as above _____

Cell: _____ Home: _____ Work: _____

Employer:_____

Do you qualify for DSS subsidized childcare? Y N

My child: ( ) currently has an IEP ( ) receives speech therapy ( ) receives physical therapy
( ) receives occupational therapy ( ) received Early Intervention services

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

Child Information

Name	DOB	M/F	Drop Off Time	Pick Up Time	Requested Date of Enrollment
#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:

Date Family Contacted:

Date Added to Waiting List:

Infant:

Toddler:

Pre-K:

Date Admitted:

Radisson: 8282 Willett Parkway • Baldwinsville NY 13027 • Tel: (315) 857-0800 • Fax: (315) 857-0803
Dewitt: 5820 Heritage Landing Drive • East Syracuse, NY 13057 • Tel: (315) 701- 1107 • Fax: (315) 701-1131
Oswego: 10 Burkle Street • Oswego NY 13126 • Tel: (315) 342-4600 • Fax: (315) 342-9599
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