

Application for Victor Child Care Center Inc.

Child's Name _____
Birthdate _____
Address _____

Father's Name _____
Home Address _____
Home Phone _____
Place of Work _____ Work Phone _____

Mother's Name _____
Home Address _____
Home Phone _____
Place of Work _____ Work Phone _____

When would you like placement? _____

Please check type of care needed:

_____ Day Care
_____ Half Day Care _____ 6:00 am till 12:00 p.m. or _____ 12:00 p.m. till 6:00 p.m.
_____ Before School
_____ After School

Would your child need care when school is not in session? _____ yes or _____ no

Please circle days of attendance: M T W TH F

Do you want to be contacted if we have days available other than those requested?

** Our current fees are:

Infants:
Toddlers - 2 years:
2 years - 4 years:
Kindergarten:
Before School:
After School:
Before and After School:

** Actual fees may vary at the time of registration.

This application will place your child on our waiting list. Registration forms and personal interviews will be arranged after your child has been accepted. You will remain on our waiting list unless you notify us you no longer need care.

Application fee of \$5.00 per child is due upon completion of this form.

Signed _____ Date _____

Please return this form to:

Victor Child Care Center Inc.
66 School Street
Victor, NY 14564