



## Corning Children's Center Application for Enrollment

### *(One application per child)*

Application fee of \$15/child or \$25/family must accompany application.

Please make payment to: Corning Children's Center, 107 Arthur Street, Corning, NY 14830

Application fees are non-refundable and do not assure placement.

Application fees will be applied against tuition for the first week of enrollment.

Child's Name: \_\_\_\_\_ Date of Birth (or due date): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of employment \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of employment \_\_\_\_\_

Are you a Corning Incorporated employee?  No  Yes If yes: Permanent Contractor

Start Date Requested \_\_\_\_\_

Full Time (5 days/week)

Part Time  Days of the Week Desired: M T W TH F Flexible?  YES  NO

Financial Assistance may be available for families with incomes below Level 1 on our Sliding Fee Scale. If you expect to be applying for assistance we will send you an application promptly. Will you be applying for Financial Assistance?  Yes  No

Are you interested in "Continuity of Care"?  YES  NO  No preference

Do you currently have a child here?  YES  NO

Have you ever had a child enrolled?  YES  NO

How did you hear about us? FRIEND/FAMILY YELLOW PAGES NEWSPAPER

TV RADIO INTERNET OTHER \_\_\_\_\_

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

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_ Amount Received \_\_\_\_\_

Method of payment Check Cash MasterCard/Visa Check Number \_\_\_\_\_