

THE NEST CHILD CARE CENTER
44 CHESTNUT STREET COLD SPRING, N.Y. 10516
(845) 265- 5091

Application for enrollment

Name of child : _____

Date of Birth: _____

Home Address: _____

Phone No.: _____

Names of Parent/Guardian Name & phone # of workplace
Mother: _____

Father: _____

Other: _____

Child's Pediatrician _____ Phone No. _____

Number of days per week enrollment: 2 3 4 5

(Mon. Tues. Wed. Thurs. Fri.)

Approx. Drop-off Time _____ a.m. Approx. Pick-up Time _____ p.m.

Expected Start Date: _____

Enrolled for: 10 mos. (Sept. - June) or 12 mos.

Tuition due in advance monthly (1st of mo.) or weekly (Mon.)

I agree to comply with the rules and regulations of The Nest Handbook. I also agree to notify the center two (2) weeks in advance of the need to withdraw my child from the program.

Signed: _____
(Parent or Guardian)

Date: _____