



49 Memorial Drive  
Chappaqua, NY 10514

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**Oak Lane Child Care Center Application Form**  
[oaklaneccc@gmail.com](mailto:oaklaneccc@gmail.com)    <http://www.oaklaneccc.org>  
Ronnie Weinberger, MS Ed., Director

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parents Names \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred date to begin \_\_\_\_\_

Schedule: (check one)

Toddlers and 3-Year-Olds: 5 days – \_\_\_\_\_

3 days – \_\_\_\_\_ (Monday-Wednesday-Friday)

2 days – \_\_\_\_\_ (Tuesday – Thursday)

4-Year Olds: 5 days only - \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print, complete and mail form to the address above, or email the information to us at  
[oaklaneccc@gmail.com](mailto:oaklaneccc@gmail.com)

Thank you for your interest in Oak Lane.