



Oak Lane Child Care Center Application Form

oaklaneccc@gmail.com

Ronnie Weinberger, MS Ed., Director

Child's Name: _____

Child's Date of Birth: _____

Parent's/Guardian's Name _____

Address _____

City/State/Zip _____

Phone Number _____

Email Address _____

Parent's/Guardian's Name _____

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 _____ | |

Signature _____ Date _____

Please print, complete and mail form to the address above, or email the information to us at oaklaneccc@gmail.com. Thank you for your interest in Oak Lane.