**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.