



# Corning Children's Center Application for Enrollment

(One application per child)

- There is a one-time application fee of **\$25** that must accompany each application
  - Please make check payable to: **Corning Children's Center**
- Application fees are non-refundable and do not guarantee placement

(If interested in enrolling more than one child, please check here  and remember to fill out one application per child)

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

Son / Daughter (Please check)

Date of Birth (or due date): \_\_\_\_\_

### Parent/ Guardian Information:

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

### Parent / Guardian Information:

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Are you a Corning Incorporated employee:  Yes  No

Are you a Corning Incorporated employee:  Yes  No

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. Will you be applying for Financial Assistance?  Yes  No

Will you be receiving subsidy through your home county?  Yes  No

Are you interested in "Continuity of Care"?  Yes  No

Do you currently have a child enrolled here?  Yes  No

Have you ever had a child enrolled?  Yes  No

How did you hear about us?  Friend/Family - Name: \_\_\_\_\_

Our Website  Online Search  Employer

Other : \_\_\_\_\_

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

Office Use:

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

Payment type: Cash Check#: \_\_\_\_\_ Visa MC