



Children's Corner Learning Center

Pre-Enrollment Registration Form

Thank you for your interest in Children's Corner. Choosing a quality childcare program is one of the most important decisions you will make for your family.

To register, please fill out this form in its entirety, and return to Children's Corner with your \$100 Registration Fee for each child you wish to register. These fees are non-refundable. When your registration form and fees are received, you will be placed on our list of perspective enrollees. If you wish to guarantee your spot based on a specific date of entrance, you can submit your one-month required deposit. This will hold your spot for your entrance date.

Child's Name: _____ DOB: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work Phone#: _____

Cell Phone #: _____ E-Mail Address: _____

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone#: _____

Cell Phone #: _____ E-Mail Address: _____

Number of Days per week: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Desired Days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What date do you expect to begin enrollment? _____

What location are you interested in? _____

(Blue Hill, Middletown, 1133 White Plains, Scarsdale, Bronx, Vails Gate, Tarrytown, Wappingers Falls)

How did you hear about Children's Corner? _____

Please enclose a check for the appropriate amount and return it to:

Children's Corner Learning Center

505 White Plains Road

Suite 122

Tarrytown, NY 10591