



HUMMINGBIRDS CHILD CARE

61 FLORENCE AVENUE • WHITE PLAINS, NY 10607 • 914-831-2037

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Child's Name:		
(Last)		(First)
Date of birth:	Sex:	
Home Phone:	Current address:	
City:	State:	ZIP Code:

PARENT / GUARDIAN INFORMATION

Parent /Guardian:		
(Last)		(First)
Occupation:		
Work Phone:	Cell Phone:	E-mail:
Parent / Guardian:		
(Last)		(First)
Occupation:		
Work Phone:	Cell Phone:	E-mail:
Emergency Contact:		
(Last)		(First)
Home Phone:	Current address:	
Work Phone:	Cell Phone:	E-mail:

PROGRAMS OF INTEREST

<input type="checkbox"/>	Five Day	(Monday thru Friday 7:30am to 5:30pm)
<input type="checkbox"/>	Three Day	(Monday thru Friday 7:30am to 5:30am must specify days)
<input type="checkbox"/>	Half Day	(Monday thru Friday 7:30am to 11:59am)
<input type="checkbox"/>	After School with Morning Drop Off	(Monday thru Friday 2:00pm to 5:30pm)
<input type="checkbox"/>	After School	(Monday thru Friday 2:00pm to 5:30pm)

PARENT / GUARDIAN NOTES

Continued on reverse side

We welcome your interest in the enrollment of your child. The following provides the details of our enrollment

ENROLLMENT

DESCRIPTION

Full Enrollment (5 Days)

(Monday - Friday)

Three Day Enrollment

(Monday - Friday 3 days – must specify)

Half Day

(Monday – Friday Fewer than 5 hours)

Daily

(Monday - Friday)

Afterschool with Morning Drop Off

Afterschool (school aged)

SIBLING DISCOUNT OPTIONAL

Initial Here

If you have two children enrolling in our Full-Time program an optional discount is available on the second child's tuition. Please initial if you would like the discount. **Only valid on Full Enrollments.**

PAYMENT ARRANGEMENTS

Payments are due: _____

At the rate of: \$ _____ /per week or \$ _____ /biweekly

Additional Fees/Late Fees:

Parent's will be charged additional fees for early drop off or late pick up. Fees are as follows:

\$5.00 per 10 minutes or portion thereof.

PROVIDER NOTES

SIGNATURES

After receipt of completed application materials, along with the **non-refundable \$50.00 registration fee**, a place will be reserved in our program for your child, if it is available. A copy of this contract will be signed by Hummingbirds Childcare and returned to you. This contract when signed by you, and accepted by Hummingbirds Child Care, shall constitute the sole and entire agreement between provider and parents.

I confirm that the information provided in this document is accurate and complete.

Signature of Parent or Legal Guardian:

Date:

Signature of Parent or Legal Guardian:

Date:

Hummingbirds Child Care Provider:

Date:

I have received a copy of the Hummingbirds Handbook and will subscribe to the policies described therein.

Initial Here: