

Oak Lane Child Care Center

49 Memorial Drive
Chappaqua NY 10514
(914) 238-3756

oaklaneccc@gmail.com

Ronnie Weinberger, MS, Ed., Director

Application Form

Child's name: _____

Child's DOB: _____

Parents Names: _____

Address: _____

City/State/Zip: _____

Home phone: _____

Work phone: _____

Should we contact you at: (check one)

Work _____

Home _____

Email address: _____

Preferred date to begin: _____

Schedule: (check one)

Toddlers and 3-Year-Olds:

5 day – full time _____

3 day – Mon/Wed/Fri _____

2 day – Tues/Thurs _____

4-Year Olds: Full Time Only _____

Signature _____

Date _____

Please print, complete and mail form with a non-refundable \$50.00 application fee to the address above.