

Complete and mail with a non-refundable \$50 application fee to:  
**Children's Learning Center at Morningside Heights**

90 LaSalle Street, New York, NY 10027  
 Tel: 212-663-9318 Website: www.clc-nyc.org  
**APPLICATION FOR ENROLLMENT**



Date: \_\_\_\_\_  
 Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell # or other: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*The Children's Learning Center admits children of any race, color, national and ethnic origin. It does not discriminate against any child on the basis of sex, race, color, national and ethnic origin in the administration of its educational policies or scholarship programs, and other Center-administered programs.*

The CLC is a parent cooperative. What special skills or experience would you bring to our community? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Would you be willing and able to fulfill the obligation of working two maintenance days during each school year to help with the general upkeep and improvement of our Center? \_\_\_\_\_  
 Would you be willing/able to meet as a member of a committee regularly and participate in the events your committee plans? \_\_\_\_\_  
 Would you be willing and able to participate in our annual fair and at least one other fundraising event during the course of the year?  
 \_\_\_\_\_.

Are you affiliated with JTS, Barnard College or Morningside Gardens? If so, which?  
 \_\_\_\_\_

Where did you find our phone number?  
 \_\_\_\_\_

How did you hear about the CLC?  
 \_\_\_\_\_

Please indicate the schedule you would like for your child. Your child may attend no fewer than three sessions. The sessions are:  
 8:30 am-2:00 pm, 8:30 am-3:30 pm, 8:30 am-5:30 pm  
 Monday Tuesday Wednesday Thursday Friday Can you be flexible with these hours? \_\_\_\_\_  
 \_\_\_\_\_  
 (Please indicate the combination of times and days for which you would like care) \_\_\_\_\_ When do you want childcare to begin? \_\_\_\_\_  
 (year and month)

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Date Received: _____                  Fee Paid: _____                  Date Updated: _____                  Tour On: _____                  Tour With: _____</p>	<p><b>Notification Record</b></p> <p>_____                  _____                  _____                  _____</p>
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