

HOW TO REGISTER:

You can fill out a wait list application at the center (T-3 building Room 115) or complete the following form and mail to us.

(SAMPLE FORM)

Date Filed: _____

Child's Name: _____ Date of Birth: _____

Present age of child: _____ years _____ months Sex: ___ Male ___ Female

1st Parent's Name: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

2nd Parent's Name: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Which parent is attending Lehman College? _____

Student ID (Social Security #): _____ / _____ / _____

Your current student status: ___ Full Time ___ Part Time Will be registered _____

Present level in college: Freshman Sophomore Junior Senior Graduate

Major area you are studying: _____ Expected Graduation: _____

Program your child will enroll in: ___ Pre-K ___ After School ___ Saturday ___ Sunday

Has your child attended Day Care or School before? ___ Yes ___ No

What are your present child care arrangements?
