

Oak Lane Day Care

P.O. Box 95
Westtown, PA 19395
610-399-3418

Application

Date: _____

Child's Name: _____ -Nickname: _____

Birth Date: _____ Boy _____ Girl _____

Address: _____

Family Information

Mother's Name: _____

Address (if different from above): _____

_____ Home Telephone _____

Occupation: _____ Employer: _____

Business Address _____

_____ Business Telephone _____

Father's Name: _____

Address (if different from above): _____

_____ Home Telephone _____

Occupation: _____ Employer: _____

Business Address _____

_____ Business Telephone _____

If separated or divorced, the child lives with: _____

Email Address: _____

Other members of the household:

1. _____

2. _____

Has the child had previous day care placement?

Are there any special circumstances?

Program

Program of Care Desired:

Full-Day Care _____

Days care will be needed:

Monday Tuesday Wednesday Thursday Friday

Morning Care _____

Days care will be needed:

Monday Tuesday Wednesday Thursday Friday

Afternoon Care _____

Days care will be needed:

Monday Tuesday Wednesday Thursday Friday

Contract Length Desired:

_____ September through June _____ September through August

Other (please specify): _____

Desired Start Date: _____

How did you hear about us? _____

Fees

Person(s) responsible for all fees: _____

Address (if different from above): _____

Application Fee

Please enclose a nonrefundable \$30 application fee payable to Oak Lane Day Care.

Date _____ Signature of Parent(s) _____

(please do not fill in this section - for office records)

Date received: _____ app fee received: _____

Check #: _____

Date confirm sent: _____