



Preschool and
Childcare Center

**2500 Grant Boulevard
Syracuse, NY 13208
(315) 471-4198**

Childcare Application

Name of Child: _____
(Last) (First) (Nickname)

Sex: M ___ F ___ Birth Date: _____ Age: _____ Home Phone: _____

Address: _____
(Street) (City/State) (Zip)

Father's Name: _____ Cell Phone _____

Father's Employment: _____ Work Phone: _____

Employer's Address: _____

Mother's Name: _____ Cell Phone: _____

Mother's Employment: _____ Work Phone: _____

Employer's Address: _____

Person(s) authorized to pick up your child OR call in case of emergency:

1. _____ Phone _____

2. _____ Phone _____

Parent's Signature _____ **Date** _____

A Non-Refundable Registration Fee of \$25.00 per family must accompany this Application.

I am applying for my child's admission to The Gingerbread House Preschool and Childcare Center for the following care:

_____ Infant _____ Toddler (18-36mos.) _____ 3 Year Old _____ 4 Year Old

Please indicate: _____ Full Time _____ Part-Time (minimum – 2 days) M___ Tu___ W___ Th___ F___