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**Oak Lane Child Care Center Application Form**  
[oaklaneccc@gmail.com](mailto:oaklaneccc@gmail.com)    <http://www.oaklaneccc.org>  
Ronnie Weinberger, MS Ed., Director

Child's name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parents Names \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Preferred date to begin \_\_\_\_\_

Schedule: (check one)

Toddlers and 3-Year-Olds: 5 days – \_\_\_\_\_

3 days – \_\_\_\_\_ Days Needed   M  T  W  TH  F  

2 days – \_\_\_\_\_ Days Needed   M  T  W  TH  F  

4-Year Olds: 5 days only - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print, complete and mail form to the address above, or email the information to us at [oaklaneccc@gmail.com](mailto:oaklaneccc@gmail.com)

Thank you for your interest in Oak Lane.