

REGISTRATION FORM

Adelphi University Early Learning Center

1 South Ave, Garden City, New York 11530

516-877-3906

Laura Ludlam, Director

Start Date: _____

Childs Name: _____ Date of Birth: _____

Mothers Name: _____

Fathers Name: _____

SS #: _____

SS#: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Home Phone #: _____

Home Phone #: _____

Email Address: _____

Email Address: _____

Home Address: _____

Home Address: _____

Member of Adelphi:

Student () Faculty () Staff ()

Member of Adelphi:

Student () Faculty () Staff ()

ID#: _____ Ext: _____

ID#: _____ Ext: _____

Dept.: _____

Dept.: _____

Hours of Child Care Requested:

Full Time

Part Time

Monday () Hours: _____

Monday () Hours: _____

Tuesday () Hours: _____

Tuesday () Hours: _____

Wednesday () Hours: _____

Wednesday () Hours: _____

Thursday () Hours: _____

Thursday () Hours: _____

Friday () Hours: _____

Friday () Hours: _____