

County North Children's Center, Inc.
205 School Road
Liverpool, NY 13088
www.CountyNorth.com
315-451-8520

Waiting List Application

Child's Name: _____

DOB: _____

Home Address: _____ Phone: _____

Mother's Name: _____	Father's Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____



Please provide names and DOB's of other children living in home:

Desired Starting Date: _____ Desired Schedule: _____

How did you hear about CNCC?

Parents _____ Child Care Solutions _____ Website _____
Advertisement _____ Online _____ Other _____

Upon acceptance of a Start Date, a \$75 deposit (that will be used towards your first week) is due to hold your spot. This is non-refundable.

Signature: _____ Date: _____