

Date Received _____

**Brookhaven National Laboratory
Child Development Center
Upton, New York 11973 (631) 344-7416**

ENROLLMENT APPLICATION

Child's Name _____
Last First Middle

Birth/Due Date _____ Care Needed Date: _____ Home Phone _____

Home Address: _____
Street Town State Zip

BNL Employee/Guest: _____
Last First Middle

Life/Guest Number (active): _____ Extension: _____

BNL Dept/Div: _____ Building Number: _____

If Guest, state affiliation: _____

Spouse: _____
Last First Middle

Life/Guest Number: _____ Daytime Telephone No. _____

Employer: _____

Employer's Address: _____

_____ Full time only: You will be contacted only if there is a full-time opening available.

_____ Prefer full-time, but will consider part time options: You will be notified as openings become available. If you accept a part time opening you will retain your place on the waiting list for additional days. If you are unable to accept part time you will retain your place on the list.

_____ Part time only: Monday, Wednesday, Friday or Tuesday, Thursday (circle preference). If you specify a preference, you will be contacted when your preferred days are available. If you do not specify your preference you will be notified when a part time opening of either group becomes available. If you are unable to utilize the available dates you will retain your place on the list until the alternate option is available. If your original request is for part time and after enrollment you request a change to full time; your name will be placed at the bottom of the waiting list.

When a full time vacancy becomes available, two part time people will be asked to fill that slot if they are next on the list. If only one of the two part-time people is able to accept the opening, it will be offered to the next full-time person on the list. If your name comes up on the waiting list for your requested care needed date, or thereafter, and you are not able to place your child at that time, your name will be removed from the list.

Registration Fee

A registration fee of \$50 (payable to the Childcare Management, Inc.) is required upon application and placement of your child on the waiting list. The fee will be applied toward your first month's tuition. The fee will be returned should a child age out of the program or if the parent is no longer employed at the Laboratory. Request for refund will be reviewed on a case by case basis. The CDC Director and BNL Liaison will make the final decision.

Mail the completed form along with the \$50 registration fee to:

Deborah O'Neill
Brookhaven National Laboratory
Child Development Center, Building 373
P.O. Box 5000
Upton, NY 11973-5000