



Waiting List Registration Form

PO Box 2102, Empire State Plaza, Albany NY 12220
 childrensplaceattheplaza.org
 info@cpattheplaza.org
 Ph. 473-7112 Fax 473-7867

I would like to be on the waiting list for the following locations:	
Children's Place at the Plaza, Swan Street Building (6 wks-5 yrs)	
Children's Place at State Ed, Education Building Annex, N. Hawk St. (6 wks-5 yrs)	
Children's Place at the Plaza, Crystal Room, Empire State Plaza (3-5 yrs)	

Today's date	
Child's name	
Date of birth/Due date	
Preferred start date	

Parent			
Address			
Employer			
Phone		Email	

Parent			
Address			
Employer			
Phone		Email	

*A non-refundable fee of \$25 must accompany this registration form.

*A refundable two week tuition deposit is required upon enrollment.

For office use only:			
Received by:			
Payment received:			
Copies sent:	CP	SED	CR