Children's Place at the Plaza
PO Box 2102, Albany NY 12220
info@cpattheplaza.org
childrensplaceattheplaza.org
Ph. 473-7112
Fax 473-7867

Waiting List Registration Form

Date: _____

Name of Child:_____

Date of Birth/Due Date:_____

Preferred Enrollment Date: _____

Father/Guardian:

Name: _____

Address: _____

Employer: _____

Phone: _____

Email: _____

Mother/Guardian:

Name: _____

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.