



Janine M. Marks, Executive Director
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ENROLLMENT STATEMENT

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____

NICK NAME _____ PRONOUNS _____

SOCIAL SECURITY #: _____-_____-_____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

EMAIL _____ PHONE CARRIER _____

I would like to reserve a slot for my child for the year 20____ to 20____, at the following location:

Oyster Bay Huntington Harbor fields UPK

Start Date _____

DAYS ATTENDING: M ____ T ____ W ____ TH ____ F ____ DAILY HOURS: _____

MEAL(S) TO BE SERVED: Breakfast ____ Lunch ____ Snack ____

ALLERGIES _____

Tuition payment will be made monthly by the following method:

Automatic Deduction from bank account Debit Card (2% fee) Credit Card (2% fee)

UPK (No fee)

PARENT/GUARDIAN'S SIGNATURE

_____-_____-_____
PARENT/GUARDIAN SOCIAL SECURITY #

DATE ____/____/____

Do not write below this line/ office notes