



*Janine M. Marks, Executive Director*

**Oyster Babies** 15 Shore Avenue, Oyster Bay, NY 11771 – (516) 922-1049  
**Oyster Babies East** 425 Maplewood Road, Huntington Station, NY 11746 – (631) 425-1023  
*www.oysterbabies.com      info@oysterbabies.com*

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## ENROLLMENT STATEMENT

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

I would like to reserve a slot for my child for the year 20\_\_ to 20\_\_.

DAYS ATTENDING: M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ DAILY HOURS: \_\_\_\_\_

MEAL(S) TO BE SERVED: Breakfast \_\_\_ Lunch \_\_\_ Snack \_\_\_

FEE PER WEEK: \_\_\_\_\_ PAYMENT SCHEDULE: \_\_\_\_\_ BI MONTHLY: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SOCIAL SECURITY #

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE