

Date received: _____

PELHAM CHILDREN'S CENTER

APPLICATION FOR FULL DAY CHILDCARE PROGRAM (MONDAY THROUGH FRIDAY)

Information on this form will be held in strict confidence and is for the use of the Pelham Children's Center only.

| | | |
|--------------------------------------|---------------|---------------|
| Child's name _____ | M | F |
| Child's nickname _____ | Date of Birth | / / _____ |
| Address _____ | Apt # _____ | Phone # _____ |
| City _____ | State _____ | Zip _____ |
| Person applying for the child: _____ | | |
| e-mail _____ | | |

Parent/Guardian I

Parent/Guardian II

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Cell _____

Cell _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Location _____

Work Location _____

Work Telephone _____

Work Telephone _____

Work Hours _____

Work Hours _____

When would you like to enroll your child in the program? _____

Notes: _____

Notes: _____

Other Children in the Family:

| <u>Name</u> | <u>Nickname</u> | <u>Age</u> | <u>School</u> | <u>Grade</u> |
|-------------|-----------------|------------|---------------|--------------|
| | | | | |
| | | | | |

Some tuition subsidies are available. If you plan to apply for one, complete the following financial information section. To receive a scholarship, a financial aid application and adequate proof of current income will be required at registration. Proof of income accepted: 4 most recent consecutive pay stubs or a letter from employer. We may also ask for the most recent 1040.

Parent/Guardian I, gross pay per week _____

Parent/Guardian II, gross pay per week _____

Other income (proof required)

Support payments _____

Disability _____

Welfare payments _____

Other _____

I understand that, once my child is accepted into the Center, a complete and up-to-date medical examination is required, including a complete history of inoculations, before s/he can begin attending the program. My child's physician will be required to fill out the form provided by the Pelham Children's Center. A dental check-up is also recommended but not required.

Signature of parent/guardian

Date

Return to: Pelham Children's Center
20 Fifth Avenue
Pelham, NY 10803

Please tell us how you learned about Pelham Children's Center: _____
