



Mount Kisco Day Care Center inc.
Caring for the children and families of Northern Westchester

Date looking for coverage to start: _____

Record # _____ (OFFICE USE ONLY)

Program: _____ (OFFICE USE ONLY)

APPLICATION FOR ENROLLMENT

Name of Child: _____

Today's Date: _____

Address: _____

Home Phone #: _____

street

city

state

zip

Child's Date of Birth: _____

Child's Gender: () BOY () GIRL

What Days Would You Like Your Child To Attend? (Please Check)

() Monday through Friday

() Monday

() Tuesday

() Wednesday

() Thursday

() Friday

How Were You Referred To Mt. Kisco Day Care? _____

Has Your Child Attended Any Other Child Care Programs? _____

If yes, Please Specify: _____

Names / Ages of Your Other Children: _____

Mother's Name: _____

Age: _____

Marital Status: _____

Mother's Address (If Different From Child): _____

Mother's Employment: _____

Hours of Employment: _____

Name & Address of Employer: _____

Work Phone #:: _____

Mother's Email Address: _____

Cell Phone #:: _____

Father's Name: _____

Age: _____

Marital Status: _____

Father's Address (If Different From Child): _____

Father's Employment: _____

Hours of Employment: _____

Name & Address of Employer: _____

Work Phone #:: _____

Father's Email Address: _____

Cell Phone #:: _____

Does Your Child Have Any Special Medical Problems? _____

Allergies _____ Nosebleeds _____ Speech Problems _____

Unusual Sleeping Habits _____ Special Diet _____

Other Special Needs _____

Gross Family Income (Optional):\$ _____

Are You Applying For Financial Assistance? (if available at time of application) () YES () NO

Please Give A Brief Description Of Your Child, Including Your Concerns:

PARENT / LEGAL GUARDIAN SIGNATURE

PARENT / LEGAL GUARDIAN SIGNATURE

OFFICE USE:

Date Application Received: _____ Tour: yes or no

Initial Contact Date: _____

Enrollment Date: _____ Disenrollment Date: _____