



**Mount Kisco Child Care Center inc.**

A Not-for-Profit Early Care & Education Program serving families since 1971

# APPLICATION FOR ENROLLMENT

Date looking for coverage to start: \_\_\_\_\_

Program: \_\_\_\_\_

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

(If yes, please submit a copy of income documentation with application)

Mount Kisco Child Care Center does not discriminate on the basis of race, color, gender, religion or national origin in the administration of its enrollment practices.

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

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PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

OFFICE USE:
Date Application Received: \_\_\_\_\_ Date entered into ProCare: \_\_\_\_\_
Tour Date \_\_\_\_\_ Enrollment Date: \_\_\_\_\_
Initial Contact Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_
Date Spot Offered: \_\_\_\_\_