



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:

PARENT / LEGAL GUARDIAN SIGNATURE

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