



## APPLICATION FOR ENROLLMENT

Applications will be kept on file for 2 years from the date it is received.

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: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address (If Different From Child): \_\_\_\_\_

Employment: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Work Phone #:: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #:: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address (If Different From Child): \_\_\_\_\_

Employment: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Work Phone #:: \_\_\_\_\_

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:

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PARENT / LEGAL GUARDIAN SIGNATURE

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

OFFICE USE:	
Date Application Received: _____	Tour: yes or no
Initial Contact Date: _____	
Enrollment Date: _____	Disenrollment Date: _____