

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: \_\_\_\_\_  
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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: \_\_\_\_\_

\_\_\_\_\_