



# ELIZABETH MASCIA CHILD CARE CENTER

171 Sheldon Avenue • Tarrytown, NY 10591

914.631.2126 • 914.631.2239.fax

www.masciachildcare.org

## *Application for School Age Program*

\$30 REGISTRATION FEE

Date:

Child's Name:

Nickname:

Address:

Phone:

Date of Birth:

School Now Attending:

Current Grade:

Address:

Phone:

## *I would like to enroll my child in the following Program(s):*

Before School:

Days Needed:

After School:

Days Needed:

Camp:

Days Needed:

## *Family Composition*

NUMBER IN HOUSEHOLD

Adults:

Children:

	MOTHER	FATHER
Name:		
Marital Status:		
Occupation:		
Employer:		
Address:		
Telephone:		
Email:		
Work Hours:		



*Signature of Parent or Guardian:*