



ELIZABETH MASCIA CHILD CARE CENTER

171 Sheldon Avenue • Tarrytown, NY 10591
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Infant Center 174 Valley Street • Sleepy Hollow, NY 10591
914.703.6452 • 914.703.6496.fax • emccc174@verizon.net

Application for Child Care Program

\$30 REGISTRATION FEE

Date: _____

Child's Name: _____ Nickname: _____

Address: _____ Phone: _____

Date of Birth: _____

Family Composition

NUMBER IN HOUSEHOLD Adults: Children: _____

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

I would like to enroll my child at age: _____

Siblings Attending(ed) EMCCC: _____

Signature of Parent or Guardian: _____



A United Way Agency