



## Elizabeth Mascia Child Care Center School Age Program Application

*\$50 application fee due at time of submission*

### Student Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

I would like to enroll my child in: Before School/Afterschool/Camp (Circle all that apply)

The day(s) I need care for my child are: M T W TH F (Circle all the apply)

### Family Information

Number of Family Members in Household: \_\_\_\_ Adult(s) \_\_\_\_ Child(ren)

Parent/Guardian #1		Parent/Guardian #2	
Cell Number		Cell Number	
Home Number		Home Number	
Email Address		Email Address	
Home Address		Home Address	
Marital Status		Marital Status	
Occupation		Occupation	
Employer		Employer	
Employer Address		Employer Address	
Work Hours		Work Hours	

Does the child have a sibling that attends EMCCC? Yes No

\_\_\_\_\_  
Parent/Guardian Print

\_\_\_\_\_  
Parent/Guardian Sign

\_\_\_\_\_  
Date