



# ELIZABETH MASCIA CHILD CARE CENTER

171 Sheldon Avenue • Tarrytown, NY 10591

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www.masciachildcare.org

## *Application for Child Care Program*

\$50 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