



ELIZABETH MASCIA CHILD CARE CENTER

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www.masciachildcare.org

Application for School Age Program

\$50 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:		



A United Way Agency

Signature of Parent or Guardian: