

APPLICANT

Name of Child: _____ Date of Birth: _____

Address: _____ Telephone: _____

Town: _____ Place of Birth: _____

Family Information:

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Name Of Employer: _____ Name Of Employer: _____

Employer Address: _____ Employer Address: _____

Hours of Employment: _____ Hours of Employment: _____

Employer's Phone: _____ Employer's Phone: _____

Annual Gross (before deductions): _____ Annual Gross (before deductions): _____

Parent Status: Married Single Separated Divorced Widowed

Other Children in Family: _____

****IN CASE OF EMERGENCY PLEASE TELEPHONE**

NAME: _____ Telephone: _____

NAME: _____ Telephone: _____

(Someone to be called if parent's cannot be reached- Someone authorized to pick up your child)

Child's Doctor: _____ Address: _____

Doctor's Telephone: _____

Referred to Center By: _____

Signature: _____ Date of

Application: _____

FIVE TOWNS EARLY LEARNING CENTER

FORMERLY FIVE TOWNS CHILD CARE CENTER

112 WAHL AVENUE, INWOOD, NY 11096

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