



Office Use Only
Date Application Received: ___/___/___

Mid-Hudson Valley Early Education Center Application

Name of Child: _____ Date of Birth: _____

Address: _____ Male _____ Female _____

City, State, Zip Code: _____

Home Phone: _____

Father: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Mother: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Anticipated date care will be needed: _____

Please circle the days care is needed:

M T W TH F

Please circle the schedule you need:

Full Time: 5-9 hours per day

Part Time: 1-4 hours per day

* Extended hours available*

Exact times needed: _____

Please forward completed application
with a \$10.00
non-refundable application fee to:

Mid-Hudson Valley Early Education
Center
241 North Road
Poughkeepsie, NY 12601

There is a \$125.00 non-refundable
registration fee at the time of admission

Parent/Guardian Signature: _____ Date: _____

Please specify site:

Poughkeepsie _____

Martha Lawrence _____

No Preference _____

How did you hear about us?

You are a previous customer _____

You were referred by a current day care _____

You are a Hospital employee _____

Referral Service _____

Website _____

Other _____