



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: 1-5 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 23 Spackenkill Road Poughkeepsie, NY 12603 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