

YWCA CHILD CARE CENTER APPLICATION FORM

Complete this form and mail to the Child Care Center Office at the YWCA, 515 North Street, White Plains, NY 10605 with your non-refundable \$30 application fee.

Questions? Please contact the Child Care Center Office at (914) 949-6227 ext 133.

(Please print)

Date: _____

Child's Last Name: _____ First Name: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian 1

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Telephone _____ Email: _____

Business Telephone: _____

Parent/Guardian 1

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Telephone _____ Email: _____

Business Telephone: _____

Approximate Date Service Required: _____