



Application Form

(Registration Packet will be required 30 days prior to child's start date)

Debbie Imperia, Executive Director

Child's Name: _____

Child's Date of Birth: _____

Parents Names: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Preferred Start Date: _____ Days per week: _____

Program: Early Childhood Downtown _____ Early Childhood West Harrison _____

After School: Harrison Avenue _____ Parsons _____ Preston _____

Signature: _____ Date: _____