Care 4 Me, Inc.

P.O. Box 609
Glenham, NY 12527

APPLICATION FORM

1. Child(ren)'s Name(s): (6wks. – 5yrs.) M/F Age Birth date
   1. _____ ____ ____ _____
   2. _____ ____ ____ _____
   3. _____ ____ ____ _____

Address_____ Apt. _____
_____ Zip _____

2. Parent/Guardian Information
Mother/Grandmother/Guardian Name: _____
Home Address: _____ Apt. _____
_____ Zip _____
Home Phone: ( )_____
Employer: _____
Address: _____
Work Phone: ( )_____
Union Affiliation: NYSCOPBA____ CSEA____ PEF____ M/C____
GSEU____ DC37____ UUP____ Council 82_____ PBANYS_____

Father/Grandfather/Guardian Name: _____
Home Address: _____ Apt. _____
_____ Zip _____
Home Phone: ( )_____
Employer: _____
Address: _____
Work Phone: ( )_____
Union Affiliation: NYSCOPBA____ CSEA____ PEF____ M/C____
GSEU____ DC37____ UUP____ Council 82_____ PBANYS_____

3. What hours do you need child care?

Drop child off at Center: _____am/pm.
Pick up child at Center: _____am/pm.

Circle all days care is required:

Monday Tuesday Wednesday Thursday Friday

4. Do you also need care for your school-age child(ren)? (5-12 years): This includes holidays, summers and snow emergencies:

Child(ren)'s Name(s) (5-12years)	M/F	Age	Birth date
1._____	_____	____	_____
2._____	_____	____	_____

***If you would like to be placed on the Care 4 Me, Inc. Enrollment Waiting List, please return this application with a $20 non-refundable application fee per child. Send Check, with application to:**

Care 4 Me, Inc.
P.O. Box 609
Glenham, NY 12527

All information will be kept confidential

Signature: _____
Date: _____

Care 4 Me, Inc. does not discriminate on the basis of race, religion, color, sex, national origin or disability. Reasonable accommodations will be provided upon request.