Staten Island Early Childhood Center
467 St. Marks Pl, SI, NY 10301
718-447-7726

www.sikidz.com

ADMISSION APPLICATION

Child's Name: _____
First Middle Last

Date of Birth: _____ E-mail _____

Street address: _____

City/Borough: _____ Zip Code: _____

Home Telephone: _____ Mobil Phone: _____

Emergency contact name: _____
First Last

Emergency Telephone: _____

Mother's Name: _____
First Middle Last

SSN: _____

Work Telephone: _____

Father's Name: _____
First Middle Last

SSN: _____

Work Telephone: _____

_____
Parent's signature Date