



APPLICATION FORM

Complete this form and return to the YWCA Children’s Learning Center, 515 North Street, White Plains, NY 10605 with your non-refundable \$30 application fee. *(Please print)*

Today’s Date: _____ Approximate Date Service Required: _____

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

I am looking for: Full Day, 8AM – 6PM Full Day, flexible schedule
 Part Day, 9AM – Noon Part Day/Extended Day, 9AM – 3PM/3:45PM

Other Schedule (explain): _____

Parent/Guardian 1

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Telephone _____ Email: _____

Business Telephone: _____

Parent/Guardian 2

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Telephone _____ Email: _____

Business Telephone: _____

How did you hear about the YWCA? _____

Questions? Please contact the Part Day Program Office at (914) 949-6227 x142 or the Full Day Program at (914) 949-6227 x133.