

GROSVENOR NEIGHBORHOOD HOUSE YMCA TENDER CARE APPLICATION

Child's NameDate of Bir		thMF		
			Home phone	
Parent/Guardian			Relationship to child	
			e-mail	
			<u> </u>	
Parent/Guardian			Relationship to child	
			e-mail	
			e-man	
I wish to enroll my child (Age as of September 2		are Program:	(2 years (-
	Tender Ca	re I / II Enrollmen	t Options*	
			8:00 – 6:00]
	Monday			1
	Tuesday			-
	Wednesday			-
	Thursday			-
	Friday]
can be modifi	ed at the time of o consecutive days	enrollment at your requ (ex. Monday/Tuesday o	chosen for part time schedul uest depending upon availabi r Wednesday/Thursday/Friday	lity. We prefer to schedul
2. Briefly describe you	child's persona	ality/temperament:		
	irosvenor Neighboi	rhood House Y l 176 We	st 105th Street New York, NY	10025

3. What languages does your child speak?					
4 Miles to the contract of the					
4. What is the primary language spoken in	your home?				
5. Does your child currently attend an early	y childhood program?	If yes, which early			
childhood program do they attend?					
6. Does your child have any food or medical allergies? (Nuts, milk, eggs, juice, chocolate, etc.)					
7. What are you looking for in an early chil	dhood program?				
8. What benefits do you want your child to	derive from their pre	eschool experience?			
9. Any additional comments or concerns? _					
					
Parent/Guardian Signat	ure	Date			
Diago include a small photo of w	our shild and the \$25 a	nnlication foo* navable to			
Please include a small photo of your first of the second o	SNHY Tender Care	pplication ree payable to:			
	your completed applica				
Grosvenor Neighborhood House YMCA Te	ender Lare, 1/6 West	TUD" Street, New York N.Y. 10025			
The application fee is non-re	fundable and does not	guarantee enrollment			
Financial Aid:	Yes	No			