



THE MOUNT CARMEL

Early Childhood Center

Preschool Application 2021-2022

Child's Full Name: _____

Nickname: _____ Date of Birth: _____ Check one: M ___ F ___

I am interested in the following program(s) for my child:

___ 5 Full Days (8:30 – 3:00)

___ 5 Half Days (8:30 – 12:30)

___ 4 Full Days (8:30 – 3:00)

___ 4 Half Days (8:30 – 12:30)

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Occupation: _____

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Occupation: _____

10 Withers Street • Brooklyn, NY 11211

Phone: 917-993-1330 • info@themountcarmelevc.org

Language(s) spoken at home: _____

Child's current/previous preschool/daycare if any: _____

School Phone: _____ Contact Person: _____ Title: _____

Is the child receiving or eligible to receive support services such as early intervention, speech therapy, occupational therapy, physical therapy or special education itinerant teacher (SEIT) services? No: _____ Yes: _____

If yes, please specify: _____

Is the child Catholic? No: _____ Yes: _____ If yes, Parish affiliation: _____

Sibling(s) Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Is there anything else that would be helpful for us to know about your child or your family? _____

How did you hear about The Mount Carmel Early Childhood Center? _____

Parent's / Guardian's Signature: _____ Date: _____

Along with this application please include a fee of \$100.
Check/money order made payable to The Mount Carmel Early Childhood Center
or via the PayIt link: [Application Fee](#)

We welcome children and families of all faiths and backgrounds.

For Office Use Only:

Date Application Received: _____ Amount Received: _____ Age in September 2020: _____