



Hanson Place Child Development Center

55 Hanson Place
Brooklyn, New York 11217
Phone: (718) **237-4303** Fax: (718) 237-2697
E-Mail: Admin@hansonplaceinc.com
State Application Form

1. Child's Name: M / F Age: Birthday
(First) (Last) (mm/dd/yyyy)

2. Mother/Guardian

Home Address

Zip:

Day Phone: Evening hone: Cellular

Employer: Agency/Organization
Union affiliation: CESA PEF Council82 M/C UUP DC37 Legislative OcCa

Father/Guardian:

Home Address:

Zip:

Day Phone: Evening Phone: Cellular

Employer: Agency/Organization
Union Affiliation: CESA PEF Council82 M/C UUP DC37 Legislative OcCa

3. Please note when you would like to start:
Date Full Time: Part Time:

Please note what hours of care you would need:
Does your child speak and understand English? Yes No

4. Does your child have previous school experience? Yes No

School Name: Phone #:

Contact Person

5. Does your child require any special needs? If yes, please explain.

6. NYS worksite child care centers operate with a sliding fee scale based on total family income. The following information is needed to determine the fee schedule for the Hanson Place Child Development Center. Please Circle your **TOTAL GROSS FAMILY INCOME** for last year.

Under \$15,000	30,000-34,999	50,000-54,999	70,000-74,999
15,000-19,999	35,000-39,999	55,000-59,999	75,000-79,999
20,000-24,999	40,000-44,999	60,000-64,999	80,000-84,999
25,000-29,999	45,000-49,999	65,000-69,999	85,000 - plus

A \$15 non-refundable application fee must accompany this application. All information will be kept confidential. *Children must complete a medical before enrolling at HPCDC, Inc.

Parent/Guardian Signature

Date