



# Hanson Place Child Development Center

**55 Hanson Place**

**Brooklyn, New York 11217**

**Phone: (718) 237-4303 Fax: (718) 237-2697**

## Community Application

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

2. Parent Name:

Home Address

Zip:

Day Phone: Evening hone: Cellular

Parent: Name:

Home Address:

Zip:

Day Phone: Evening Phone: Cellular

Guardian:

Address Zip Code

Day Phone: Evening Phone: Cellular

3. Starting Date Full Time: Part Time:

Please note what hours of care you would need:

4. Does your child speak and understand English? Yes No

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

School Name: Phone #:

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

A \$50 non-refundable application fee must accompany this application. All information will be kept confidential. A Medical is required before enrolling.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**