

Chickpeas Child Care Center, Inc.
451 Seventh Avenue, Brooklyn NY 11215

APPLICATION FOR 2010-2011 School Year

Please submit completed application with \$50.00 nonrefundable filing fee payable to Chickpeas Child Care Center, Inc. Your cancelled check will be your receipt. Please sign on page 2.

Child's Name _____ Date of Birth _____ M / F

Address (include ZIP) _____

Telephone number(s): _____

E-mail address(es): _____

With whom does your child live? _____

Name(s) of any siblings who previously attended Chickpeas: _____

Siblings (Names and Ages): _____

Child's ethnic and/or cultural background (optional):

Child's special likes and dislikes: _____

Is there anything else about your child that you would like to note? _____

SCHOOL DAYS: Please circle preferences.

1st Choice: M T W Th F

2nd Choice: M T W Th F

(over)

Child's Name _____

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

Occupation _____ Occupation _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Part-time/full-time/freelance? _____ Part-time/full-time/freelance? _____

Approximately how many after-school hours (from 3:15pm to 6:00pm) per week do you anticipate using? _____

(Please note: the purpose of this information is to help us in our budgeting process; your estimate is not binding, and will have no influence on the admissions process.)

How did you learn about Chickpeas? _____

Why are you interested in joining a pre-school Co-op? _____

Why have you decided to apply to Chickpeas? _____

What skills do you bring to the Co-op? _____

If you have any experience in the following areas, please check the box below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teaching | <input type="checkbox"/> Music |
| <input type="checkbox"/> Accounting / Finance | <input type="checkbox"/> Dance / Movement / Yoga | <input type="checkbox"/> Health |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Certified early childhood teacher | <input type="checkbox"/> Engineering / Architecture | |
| <input type="checkbox"/> Other _____ | | |

PARENT/GUARDIAN SIGNATURE _____ DATE _____