

The Children's Center  
2800 Victory Boulevard - Building 2R - 104  
Staten Island, N.Y. 10314  
Telephone: (718) 982 - 3190

MAILING LIST APPLICATION

**YES**, please add my name to the mailing list.

NAME: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Please keep my name on the mailing list for: (check all that may apply)

SUMMER \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ WINTER \_\_\_\_\_  
(year) (year) (year) (year)

DAY \_\_\_\_\_ EVENING \_\_\_\_\_ SATURDAY \_\_\_\_\_ COMBINATION \_\_\_\_\_

INFANT/TODDLER \_\_\_\_\_ PRESCHOOL \_\_\_\_\_ AFTER SCHOOL \_\_\_\_\_

\_\_\_\_\_

Note: This application will be kept on file for two years from the date application. If you are interested in enrolling for any year following the above, it will be necessary for you to complete another application.

SIGNATURE- DATE \_\_\_\_\_

\*Please mail this form to the above address or bring it to The Children's Center.