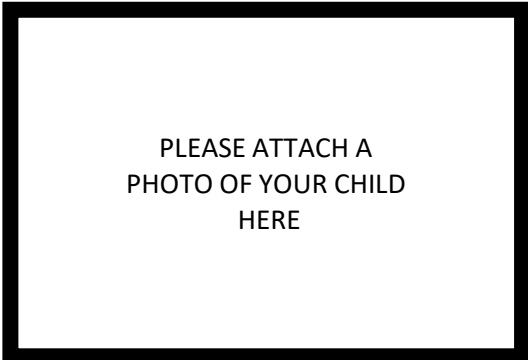


THE MADISON PLAYGROUP

226 East 60th Street
New York, NY 10022
212-879-9161



DATE OF APPLICATION: _____

APPLICANT

FULL NAME: _____ MALE _____ FEMALE _____
NICKNAME: _____ DATE OF BIRTH: _____

PARENTS

	<u>PARENT</u>	<u>PARENT</u>
NAME:	_____	_____
<u>HOME</u>		
ADDRESS/ZIP:	_____	_____
TELEPHONE/CELL:	_____	_____
EMAIL:	_____	_____
OCCUPATION:	_____	_____
ADDRESS:	_____	_____
OFFICE PHONE:	_____	_____
FIRM:	_____	_____

SIBLINGS

<u>NAME</u>	<u>DOB</u>	<u>MPG ALUM</u>	<u>NURSERY</u>	<u>ELEMENTARY</u>
_____	_____	<input type="checkbox"/> YES	_____	_____
_____	_____	<input type="checkbox"/> YES	_____	_____
_____	_____	<input type="checkbox"/> YES	_____	_____

CHILD LIVES WITH: _____

PEDIATRICIAN: _____ PHONE: _____

HOW DID YOU LEARN ABOUT THE MADISON PLAYGROUP?

ARE YOU INTERESTED IN FINANCIAL AID? _____

PLEASE INCLUDE A \$75 NON-REFUNDABLE APPLICATION FEE PAYABLE TO THE MADISON PLAYGROUP.