

THE CITY OF NEW YORK
ADMINISTRATION FOR CHILDREN'S SERVICES

PROGRAM PROFILE
SUBMISSION

PROGRAM NUMBER

AS OF DATE

PROGRAM NAME

STREET NO. _____ STREET NAME _____

BORO _____ DISTRICT (Queens Only) _____ STATE NY ZIP CODE _____

TELEPHONE NO. _____ () _____ DIRECTOR'S NAME _____

CONTACT PERSON _____

CHILD CARE INFORMATION

LOW AGE	HIGH AGE	LIC. CAP.	PERMIT #
INFANT			
TODDLER			
PRE-SCH			
SCHL. AGE			

CROSS STREET _____ FEDERAL TAX ID # _____

BUS # _____ BUS STOP _____ SUBWAY# _____ SUBWAY STOP _____

DAYS OPEN

MON	TU	WED	TH	FR	SAT	SUN	HOL
INFANT							
TODDLER							
PRE. SCHL							
SCHL. AGE							

SESSIONS

INFANT	/	/	/
TODDLER	/	/	/
PRE. SCHL	/	/	/
AFTER SCHL	/	/	/
SUMMER	/	/	/

SPECIAL NEEDS

- LANGUAGES SPOKEN
- PHYSICAL
 - EMOTIONAL
 - MAINSTREAM
 - OTHER
 - SPANISH
 - HEBREW
 - RUSSIAN
 - FRENCH
 - CHINESE
 - OTHER _____

MEAL INFORMATION

- BREAKFAST
- LUNCH
- SNACK
- DINNER
- HOT
- COLD
- KOSHER

SCHOOL PICKUP INFORMATION

1. _____
2. _____

REMARKS/OTHER SITES _____

ON PREMISES

- SOC. WORKER
- NURS/DOCTOR
- SPCH THERAPIST
- PSYCHOLOGIST
- SPEC. ED. INSTR

THIS AREA FOR OFFICIAL USE ONLY

INFANT _____ TODDLER _____ PRE-SCHOOL _____ SCHOOL-AGE _____ ENTERED BY _____