

# BRANFORD EARLY LEARNING CENTER WAITLIST APPLICATION

16 Birch Rd, Branford, CT 06405 203-488-4512 [info@belcinc.org](mailto:info@belcinc.org)



Date: \_\_\_\_\_

Please fill out ENTIRELY 1 per child:

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

\*\*If expecting, please provide due date

Attended day care previously? Yes No Name of School: \_\_\_\_\_

Is there a sibling or family member currently attending? Yes No

Languages spoken at home: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please include town/city

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Currently working? Full time Part time Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please include town/city

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Currently working? Full time Part time Occupation: \_\_\_\_\_

# of Household Members: Adults \_\_\_\_\_ Children \_\_\_\_\_ Gross annual income: \_\_\_\_\_  
DO NOT LEAVE THIS BLANK

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Date application was received: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Room Placement: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Registration Fee Received: \_\_\_\_\_ Check #: \_\_\_\_\_