

BRANFORD EARLY LEARNING CENTER WAITLIST APPLICATION

16 Birch Rd, Branford, CT 06405 203-488-4512 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 #: _____