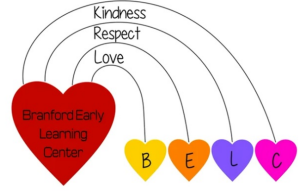


Application for Waitlist

BRANFORD EARLY LEARNING CENTER
16 BIRCH ROAD, BRANFORD, CT 06405
203-488-4512

E-mail: info@branfordearlylearningcenter.org



Please fill out 1 (one) application per child: **Date:** _____

Name of Child: _____ Gender: Male or Female

Date of Birth: _____ **If child is not born yet, what is your due date: _____

Language spoken at home: _____

Mother's Name: _____ Are you currently working? Full or Part Time

Address: _____ Town: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ E-mail address: _____

Father's Name: _____ Are you currently working? Full or Part Time

Time _____

Address: _____

Town: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ E-mail Address: _____

Number of People in the family: Adults _____ Children _____

Date you would like your child to start: _____

Please indicate your family's gross income: _____

Is there a sibling that is currently attending? Yes or No

Signature: _____ Date: _____

Has your child attended Day Care/Early Learning Center previously? Yes or No

Name of School: _____

For Office Use: Date application was received: _____ Date Enrolled: _____

Room Placement: _____ Staff Initials: _____

Registration Fee Received: _____ Check #: _____

Notes: