

# Application

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

Child \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Language(s) \_\_\_\_\_

Previous Child Care \_\_\_\_\_

Please tell us about your child.

---

---

---

Does your child have any special physical, cognitive or emotional needs?

---

---

How did you hear about Friends Center for Children and why are you interested in having your child come to the center?

---

---

When would you want your child's enrollment to begin? \_\_\_\_\_

We have a limited amount of scholarship funding for families with annual income below \$85,000. Are you interested in receiving information about scholarship support? \_\_\_\_\_

There is a nonrefundable \$35 application fee. Please enclose a check with your application, made payable to Friends Center for Children, and mail to: Friends Center for Children, 225 East Grand Avenue, New Haven, CT 06513.