

Friends Center for Children

Application 2018-2019

Date: _____

EMBRACE DIVERSITY
ENGAGE COMMUNITY
INSPIRE TEACHERS
EMPOWER FAMILIES
EDUCATE CHILDREN

Child's Name _____

D.O.B _____

Gender _____

Race/Ethnicity _____

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?

How many people are in your household? _____

We have a sliding scale tuition system. Please indicate your yearly income below:

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, 227 East Grand Avenue, New Haven, CT 06513.