



Re-Enrollment Form

We are looking forward to another great school year!
Please complete and **return this form to your Site Manager by Friday, March 10th.**

Child's Name: _____

School: Warburg

Grauer

Child's Birth Date: _____

Gateway

Armstrong Ct

Full week

Partial week: _____ days (Infant/Toddler spaces only)

Address: _____

Preferred Email Address: _____

Parent 1 Name: _____

Cell Phone: _____

Parent 2 Name: _____

Cell Phone: _____

Please check this box if you are applying for **FC Scholarship**

*(Please complete **the scholarship application form** and send it along with all required financial documentation by Monday, May 1st to the ECE office – 20 Bridge St. Greenwich, 06830 Attn. Pati Guza)*

Please complete this box if you would like **to enroll a sibling** in our program for the upcoming school year.

Child's Name: _____

Birth Date: _____

Preferred School: _____

Parent Signature: _____

Date: _____