

## Family Centers' Early Childhood Education Program Application

Child's Name:	Last	First	Birth Da	ıte:	_ □ Girl □ Boy			
Address:				State:	Zip:			
Family E-mail:	Home Phone Number:							
Γentative start date:								
Please select the center of you	ır choice. (Note th	at space may not alv	vays be available at a	specific site)				
☐ Joan Melber Warburg Ea ☐ Gateway Preschool (2 – 5 y ☐ Grauer Preschool (3 – 5 y ☐ Armstrong Court Prescho	years), 2 Chapel Strears), 40 Arch Strea	reet, Greenwich et, Greenwich	-	et, Greenwich				
Marital Status of Parents:	$\square$ Married	$\square$ Separated	$\square$ Divorced	$\square$ Single				
Parent 1 Name:	Social Security #:							
Cell Phone:				Address(if different from above):				
Parent 2 Name:		Social Sec	Social Security #:					
	ll Phone: Address(if different from above):							
Fotal Annual Gross Family			of People in Hous	ahold:				
			of 1 copic in 11ous	enoid.				
Other people in the home: Name		<u>DOB</u>	<u>Gender</u>	Sch	ool/Grade			
Child Primary Language:		How did you hear a	bout Family Cente	ers?				
ETHNICITY		RACE (C	CHOOSE ALL TH	IAT APPI V				
☐ Hispanic or Latino	□ White	ILIOZ (C	Black or Africar		☐ Asian			
☐ Not Hispanic or Latino	☐ Native H	awaiian or Pacific I.	☐ Native America	n T	vo or More Races			
Parent/Guardian signatu	re		Date	e:				
A <b>non-refundable</b> applicate	ion fee of \$50.00 m	ust accompany this a rantee vour child	pplication. Make che an immediate sp	cks payable to	Family Centers Inc.			
	e mailed to 20 Bri	dge Street, Greenw	ich CT 06830 or dr	opped off at th	is location.			
For Office Use Only:								
The \$50 application fee received Paid by: Cash	l by	Credit Car	Date:					