Family Centers' Early Childhood Education Program Application

Child's Name: _____ **Birth Date**: _____ ☐ **Girl** ☐ **Boy**
Last First MI

Address: _____City: _____State: _____Zip: _____

Family E-mail: **Home Phone Number:**

Tentative start date: _____

Please select the center of your choice. (Note that space may not always be available at a specific site)

☐ **Joan Melber Warburg Early Childhood Center** (6 weeks – 2 years), 22 Bridge Street, Greenwich
☐ **Gateway Preschool** (2 – 5 years), 2 Chapel Street, Greenwich
☐ **Grauer Preschool** (3 – 5 years), 40 Arch Street, Greenwich
☐ **Armstrong Court Preschool** (3 -5 years), Armstrong Court, Greenwich

Marital Status of Parents: ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Single**

Parent 1 Name: _____ Social Security #: _____
Cell Phone:_____ Address(if different from above): _____

Parent 2 Name: _____ Social Security #: _____
Cell Phone:_____ Address(if different from above): _____

Total Annual Gross Family Income: _____ Number of People in Household: _____

Other people in the home:

Name	DOB	Gender	School/Grade

Child Primary Language: _____How did you hear about Family Centers?_____

ETHNICITY	RACE (CHOOSE ALL THAT APPLY)
☐ **Hispanic or Latino**	☐ **White** ☐ **Black or African American** ☐ **Asian**
☐ **Not Hispanic or Latino**	☐ **Native Hawaiian or Pacific I.** ☐ **Native American** ☐ **Two or More Races**

Parent/Guardian signature_____**Date:** _____

A **non-refundable** application fee of $50.00 must accompany this application. Make checks payable to Family Centers Inc.
****This application does not guarantee your child an immediate space in our program****
If a space is not currently available, your child will be placed on our waiting list and we will contact you when a space does become available.

Application can be mailed or drop off at 20 Bridge Street, Greenwich CT 06830, or email to PGuza@familycenters.org

For Office Use Only:

The $50 application fee received by _____ Date: _____
Paid by: Cash _____ Check #: _____ Credit Card: _____