

**APPLICATION FORM**

Child \_\_\_\_\_  
(last) (first) (nickname)

Application Date \_\_\_\_\_ Child's Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
(mo/day/yr)

Billing Name (one name only) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Town of Residence \_\_\_\_\_

**Check preferred enrollment: Specify 1<sup>st</sup> and 2<sup>nd</sup> preference.**

- Mon/Wed/Fri- Full-Day  Tues/Thurs- Full-Day  
 Mon/Tues/Wed/Thurs/Fri- Full-Day

**I am applying for the following classroom:**  Infant  Toddler  Preschool

**Parent/Guardians:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Cell/Home Phone # \_\_\_\_\_

Worksite \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_ Cell/Home Phone # \_\_\_\_\_

Worksite \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

Child lives with: \_\_\_\_\_

Check if Family Center Referral: Staff Person: \_\_\_\_\_

Application Fee: **A fee of \$15.00 must accompany this application.** The fee is not refundable and is not applied to other Infant/Toddler tuition fees. Checks or money orders may be made out to the Family Center of Washington County.

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For program use only

Application Received \_\_\_\_\_  
School Visit \_\_\_\_\_  
Application Fee Paid \_\_\_\_\_  
Number of Hours per/wk \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**Family Center of Washington County  
Early Childhood Program Application  
383 Sherwood Drive  
Montpelier, VT 05602**