



## Application for Enrollment

130 West Main Street  
 19 South Canal Street & 145 Northwest Drive  
 Plainville, CT 06062 860-747-3321

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### Student Information

Full Name: \_\_\_\_\_  
 (Last) (First) (Middle) (Nickname)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours to be Enrolled: \_\_:\_\_ a.m. to \_\_:\_\_ p.m.

Child's Ethnicity: \_\_\_ African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Latino  
 \_\_\_ Native American \_\_\_ Pacific Islander \_\_\_ Other \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_

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### Family Information

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

Adult #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Adult #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parents are:**

Married    Living Together    Divorced    Separated    Widowed    Single

**Other Household Members:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent Authorization**

\_\_\_Yes \_\_\_No I give permission for my child to participate in field trips and other activities during operating hours both transported and walking.

\_\_\_Yes \_\_\_No I give consent for my child pictures to be taken and used for promotional purposes including **Facebook** and/or the PELC website.

\_\_\_Yes \_\_\_No I give permission to apply topical medications for first aid.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

.....  
**Additional Information**

How did you hear about us? \_\_\_\_\_

Referred by: \_\_\_\_\_

Why are child care services needed? \_\_\_\_\_

Who cares for the child now? \_\_\_\_\_

Would you be willing to share your talents, hobbies, culture (traditions, foods, costumes, etc.) with the program?    YES    NO

If so what would you be willing to share? \_\_\_\_\_

\_\_\_\_\_

**Thank you for choosing Plainville Early Learning Center!**