Check One:

After School ___
Preschool ___

Women's Center of Southeastern Connecticut

Childcare/ After School Program
Enrollment Application

Name: _____
First MI Last

Address: _____
Street Town, State Zip Code

Phone Number: _____ _____
Home Work

Date of Birth: _____ Age: _____

Days Child Will Attend: Mon ___ Tues___ Wed___ Thurs___ Fri___
(Check All That Apply)

Pediatrician: _____

Address: _____
Street Town, State Zip Code

Phone Number: _____ Insurance:_____

Known Allergies: _____

Current Medications: _____

Disabilities: _____

Emergency Contact: _____
Name Phone Number

_____
Name Phone Number

Parent Signature: _____

Staff Signature: _____