

Early Childhood Centers of Greater Springfield, Inc.

15 Catharine Street, Springfield, MA 01109
Telephone: 413-732-9518 - Fax: 413-736-3795

APPLICATION FOR ENROLLMENT

How did you hear about Early Childhood Centers?

Family Friend Employee Advertising Other

CHILD INFORMATION

DATE OF APPLICATION _____

Child's Name _____ Sex _____ Date of Birth _____
Month Day Year

Child's Social Security # _____ Place of Birth _____

DSS Worker _____ Special Needs Homeless Shelter Activities
Name/Number

Date Needed _____

PARENT TYPE

Parent Grandparent Foster Parent Legal Guardian Teen Parent DOB _____

Mother's Name _____ Father's Name _____

Date of Birth _____ Date of Birth _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone# _____ Home Phone# _____

Cell Phone# _____ Cell Phone# _____

Social Security# _____ Social Security# _____

Highest Grade Completed _____ Highest Grade Completed _____

Place of Employment _____ Place of Employment _____

Gross Pay _____ Weekly Bi-Weekly
Gross Pay _____ Weekly Bi-Weekly

Other Income

Child Support _____ Weekly TAFDC _____ Monthly

Unemployment _____ Weekly SSI _____ Monthly

MARITAL STATUS

Single Married Separated Divorced

Number in Family _____

LIST OTHER FAMILY MEMBERS

Name	DOB	Social Security #	Disability Y/N

IF RECEIVING DTA ASSISTANCE

Name of Social Worker _____ Phone # _____

FAMILY HEALTH INSURANCE COVERAGE

Private Health Insurance (Please Name) _____

Other Insurance (Please Name) _____

IF PARENT CANNOT BE REACHED, CONTACT

Name	Address	Phone #	Relationship to Child

SERVICE NEED

Employment Job Search Training/School Maternity Leave Parent Incapacity

Signature of Parent/Guardian _____ Date _____

NO PERSON SHALL BE DISCRIMINATED AGAINST BECAUSE OF RACE, RELIGION, OR NATIONAL ORIGIN

ETHNICITY

Black/African American White Hispanic Asian Other

FOR OFFICE USE ONLY

Date Accepted _____ Eligibility Category _____

Status Change _____

Approved Date _____

Disapproved Date _____ Reason _____

