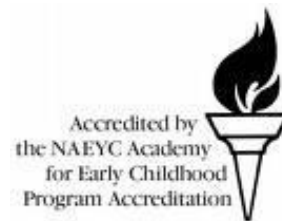




INITIAL APPLICATION

West Haven Child Development Center, Inc.
 201 Noble Street, West Haven, CT 06516
 Telephone: (203) 932-2939
 Fax: (203) 932-4465
 Website: www.whcdc.info



(Family Engagement Coordinator) - (203) 931-9991

Date of Application: _____

Program being enrolled for: Infant/Toddler (6 weeks-3 years old): _____ Full Day Preschool (3-5 years old): _____	Name of Child: _____ Sex: Male _____ Female _____ Other _____ Date of Birth: _____
Parent/ Legal Guardian: _____ Relationship to Child: _____ Marital Status: _____	Street Address: _____ _____ City/Town, State: _____
Parent/ Legal Guardian's: Home Phone #: _____ Cell Phone #: _____	Parent/ Legal Guardian's: Name of Employer: _____ Work Phone #: _____ Email Address: _____
Parent/ Legal Guardian's: Hours of Employment: _____ to _____ Hours of Childcare Needed: _____ to _____	Why do you want Childcare? _____ _____
Who is currently caring for your child? _____	How did you hear about WHCDC? _____

Please Check All that Apply

Are you currently working? Yes: _____ No: _____	Are you employed either: Full-Time: _____ Part-Time: _____ N/A: _____
How many hours per week are you working? : _____	What is the estimated gross income for the family? _____
Does the family receive: TANF (i.e. Cash Assistance): _____ SSI (Supplemental Security Income): _____ WIC: _____ Food Stamps: _____	Household Family Size: _____ Number of Adults in Household: _____ Is the family eligible for Care4Kids? _____
Is the child in foster care? _____ Is the child homeless? _____	Is/was the child involved with Birth 2 Three? _____ Is there a current IFSP? _____ IEP? _____

ALL FINANCIAL INFORMATION WILL BE HELD CONFIDENTIAL

Form updated 10/2020