Bristol Child Development Center, Inc.
Wait List

Burlington Avenue _____
West Street _____

Name of child: _____Male _____ Female _____

Date of Birth (or Anticipated Date of Birth): _____

Address: _____ City: _____

Phone Number: _____ Child lives with: _____

Hours my child will attend: _____a.m. to_____ p.m. Requested Start Date: _____

Is your child receiving services: _____ Yes _____No

If Yes, _____Birth to 3 _____Board of Education ____Other:_____

Family Size: _____ Annual Household Income: _____

Parent / Guardian Information:

Mother's Name: _____ DOB: _____

Address: _____

Employed: _____ Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____ Work hours: _____-_____

Email Address: _____

Father's Name: _____ DOB: _____

Address: _____

Employed: _____ Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____ Work hours: _____-_____

Email Address: _____

If you have a child already enrolled in program, please provide the following information:

Name of child: _____ Male _____ Female _____

Date of Birth: _____ Currently enrolled at (Please circle) West St. / Burlington Ave.

How did you hear about us?_____

I understand that filling out this form does not guarantee a spot in the program.

I understand I am completing this form to inform BCDC of the interest of enrolling my child in the program.

_____ _____

Parent Signature Date