

MILE SQUARE EARLY LEARNING CENTER
Infant/Toddler Program & Transition Room
Waiting List Application (Rue Site only)

Child's Name: _____ Birth Date : _____

Home Address: _____ Home #: _____

Mother's Name: _____ Home #: _____

Business Address: _____ Business #: _____

Email Address: _____

Father's Name: _____ Home #: _____

Business Address: _____ Business #: _____

Email Address: _____

Is your child toilet trained? _____

What languages does the child speak? _____

Who is watching your child now? _____

Are there other adults in your household? _____ How many? _____

Are there other children in your household? _____ How many? _____

* An immunization record is necessary before enrollment.

Check as many of the following that apply to you:

- Two parent household (both parents either working or attending school).
 - Single parent either working or attending school.
 - Handicap or Special Needs (specify) _____
 - Severe medical problem (specify) _____
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Proof of Income must be submitted at time of enrollment.

Source of Income:

- Employment Welfare Social Security Other (specify) _____

Total Family Income: _____ Family size: _____

Parent or Guardian Signature: _____ Date: _____