

Return this completed form and fee to:



Early Learning Center

2150 Corbin Avenue
New Britain, CT 06053
(860) 612-6314

Registration/Waitlist Form

Please Write Clearly

Parent/Guardian Name: _____

Address: _____
Street Town Zip

() - () - ext. () -
Home Phone Work Phone Cell Phone

*PRIMARY EMAIL: _____

Child's Name: _____ Date of Birth or Due Date: _____

Enrolling as child or grandchild of HSC/Satellite employee: YES NO

If yes, name of employee: _____ Department: _____

Shift: _____ Per Diem: YES NO

Are you interested in enrolling your 3-5 year old in our School Readiness Program: Yes No

Schedule Requested:

Desired Start Date: _____ Requested Schedule: (circle) M T W R F

Are these Days Flexible? YES NO Anticipated times of Drop Off: _____ Pick up: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: A non-refundable deposit which equals two weeks of tuition is required within three days of notification to guarantee your space when it becomes available, offered and accepted. If payment is not received, your space will be forfeited.

Date space offered to family: _____ Initials: _____

For Office Use Only: Waitlist: I TA TB PA PB

Date received: _____ Date Input: _____ Projected Date of Availability: _____

Notes:

Table with 3 columns: Date, Purpose, Staff. It contains three empty rows for data entry.