

Margaret C. Griffin Child Development Center of Southington, Inc.

240 Main Street

Southington, CT 06489

APPLICATION

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

Tour Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Present Age: \_\_\_\_\_ y \_\_\_\_\_ m

Telephone: \_\_\_\_\_ Is child toilet trained: \_\_\_\_\_

Email Address: \_\_\_\_\_ Previous Preschool Experience: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. in family: Adults \_\_\_\_\_ Children \_\_\_\_\_

Person to contact if no home phone:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Desired Entry Date: \_\_\_\_\_

Parents Employment Information:

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Gross Income \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Gross Income \_\_\_\_\_

Reason for Care: (Check One)

I. Single Parent

- a. Employed and supporting a family \_\_\_\_\_
- b. In job training on welfare \_\_\_\_\_
- c. Wishes to become employed \_\_\_\_\_
- d. Wishes to become participant in job training \_\_\_\_\_

If b or c checked - Where \_\_\_\_\_

e. Referral by Social Agency Which \_\_\_\_\_  
Name of Social Worker or Counselor \_\_\_\_\_

II. Two Parent Home

- a. Both parents are employed and supporting a family \_\_\_\_\_
- b. No English spoken in home \_\_\_\_\_
- c. One member under care physical or mentally \_\_\_\_\_
- d. Separation in near future \_\_\_\_\_
- e. One member is full time student or in job training \_\_\_\_\_

Other Reason: