

A Child's Place, Inc.
90 Hillspoint Road
Westport, CT. 06880
Main: (203)227-1940

2019-2020

FIRST STEPS CHILD CARE (YEAR 'ROUND)

7:15 - 6:00 P.M.

FULL/PART WEEK (2 day minimum)

CHILD'S NAME:	_____	DATE OF BIRTH	_____
ADDRESS:	_____		
TOWN:	_____	ZIP:	_____
MALE	FEMALE		
PRIMARY CONTACT/GUARDIAN:	_____		
PRIMARY CONTACT PHONE	_____	CELL/HOME	_____
PRIMARY CONTACT EMAIL:	_____		
SECONDARY CONTACT/GUARDIAN:	_____		
SECONDARY CONTACT PHONE:	_____	CELL/HOME	_____
SECONDARY CONTACT EMAIL:	_____		

(If any of the above information has changed please indicate)

<u>Status of Applicant</u>	<u>Current Program</u>	<u>Application Due Date</u>
Currently enrolled at ACP - continuing same days	_____	January 4, 2019
Currently enrolled at ACP - changing days	_____	January 11
Check if wish to stay in current days if unable to change		January 18
Sibling of currently enrolled child or alumni child at ACP		January 23
Waitlisted 2018-2019 programs		January 24
Community applicant		January 24

*Full-time applications take priority over part-time applications.

FINANCIAL AID REQUESTED Participating Agency of United Way of Westport/Weston

A NON-REFUNDABLE APPLICATION FEE OF \$75 MUST ACCOMPANY NEW APPLICANTS:

A Child's Place has discussed with me their discipline and behavior management policies. I received a written copy of these policies.

Signature of Parent or Guardian

Date

PLEASE SEE OTHER SIDE FOR PROGRAM CHOICES

PROGRAM REQUESTED

(Age as of 8/28/19)

INFANT CLASS

(Born 2019)

YOUNG TODDLER CLASS

(Born 2018)

TODDLER CLASS

(Born 2017)

PRESCHOOL CLASS

(Born 2016 or 2015)

Circle Days Requested: M T W TH F

Second Choice: M T W TH F

Desired start date (If different than 8/28/19): _____

We would like to know who referred you to us so we can thank them!

NAME: _____

ADDRESS OR EMAIL: _____