



Initial Waitlist Application

Toddler and Preschool Program

Date of Application _____

Please fill out this form completely.

Child's Name: _____ Date of Birth: _____ Male Female

Child's Name: _____ Date of Birth: _____ Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Cell Phone: _____ E-mail: _____

Parent/Guardian: _____

Cell Phone: _____ E-mail: _____

Please indicate your total household income.

- \$98,000 and over
- \$97,999 - \$84,000
- \$83,999 - \$72,000
- \$71,999 - \$58,000
- \$57,999 - \$40,000
- \$39,999 - \$25,000
- \$24,999 and under

<i>For Office Use Only</i>	
Date Received:	
Initials by Whom Received:	
<input type="checkbox"/> Input	<input type="checkbox"/> Confirmed Receipt w/fam.
Actions Completed by:	

Mission Statement

The mission of the Margaret S. Wilson Child and Family Development Resource Center of Eastern Connecticut State University is to promote the social, emotional, cognitive, and physical development of young children of diverse backgrounds, to inspire, support, advocate for, and educate their families, to provide a model program for future teachers and early childhood professionals, and serve as a hub of innovative research and professional development.