



Hamden Early Learning Program

**Applicant Information**

Childs Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  Male  Female

Neighborhood School:  Ridge Hill  Spring Glen  West Woods  Shepard Glen  
 Helen St.  Church St.  Bear Path  Dunbar Hill

**Parent/Guardian Information**

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Information**

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Preschool Experience**

Is your child enrolled in a Childcare or Preschool? Yes  No  If Yes, Name of the Program: \_\_\_\_\_

How many hours per week did your child attend the Program  0-15 Hours per week  15-30 Hours per week

More than 30 hours per week

**Family Information**

Is English your first Language? \_\_\_\_\_

What Languages are spoken in your home? \_\_\_\_\_

Please check all that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

- White
- Bi Racial
- Hispanic / Latino
- Other \_\_\_\_\_

**Other Family Members living at home**

- |          |                |       |
|----------|----------------|-------|
| 1. _____ | Date of Birth: | _____ |
| 2. _____ | Date of Birth: | _____ |
| 3. _____ | Date of Birth: | _____ |

**Authorization for Pickup**

List three people that we may contact to whom your child may be released to if you cannot be reached.

- |                              |               |
|------------------------------|---------------|
| Name: _____                  | Number: _____ |
| Relationship to child: _____ | Email: _____  |
| Name: _____                  | Number: _____ |
| Relationship to child: _____ | Email: _____  |
| Name: _____                  | Number: _____ |
| Relationship to child: _____ | Email: _____  |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Care**

Does your child have any medical concerns or allergies that we should know about?    Yes     No

If Yes, please provide Details: \_\_\_\_\_  
\_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Physician Number: \_\_\_\_\_

In case of an Emergency may we take your child to the Hospital? Yes  No  Hospital of choice: \_\_\_\_\_

Dental Care Provider/Dentist: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**Parent Signature**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Print name: \_\_\_\_\_ Childs Name: \_\_\_\_\_

