



Washington Children's Center
ELIGIBILITY/WAITING LIST
APPLICATION

Today's Date: _____

Enrolling Parent/Guardian Info:

Mother/Guardian's Name: _____

Cell Phone: _____

Mother's Home Address: _____

Email: _____

Mother's Employer: _____

Work Phone: _____

Position/Title: _____

Work Hours: _____

Father/Guardian's Name: _____

Cell Phone: _____

Father's Home Address: _____

Email: _____

Father's Employer: _____

Work Phone: _____

Position/Title: _____

Work Hours: _____

Family Status: (Check one):

Married/both parents in home ☐

Single/never married ☐

Separated ☐

Divorced ☐

Widowed ☐

Other _____

Income:

Child Support? _____ (yes / no)

Gross Monthly Income (Mother): _____ (Father): _____

 Total Combined Gross Monthly Income: _____

Family Size:

Please list the names and ages of ALL children under the age of 18 living in the home.

NAME OF CHILD(REN)

BIRTHDATE

GRADE

KINDNESS INCLUSION TRANSPARENCY EQUITY

