



Initial Waitlist Application

Toddler and Preschool Program

Part Day*

Full Day

Date of Application: _____

M T W T H F

M T W T H F

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: _____

Phone Number: _____

E-mail: _____

Parent/Guardian: _____

Work Phone: _____

Parent/Guardian: _____

Work Phone: _____

***Minimum (3) three days.**

Please indicate your total household income and employment status.

Community Employee	State/Municipal Employee
Low Financial Need	Low Financial Need
\$98,000 and above <input type="checkbox"/>	\$98,000 and above <input type="checkbox"/>
\$97,999 – \$84,000 <input type="checkbox"/>	\$97,999 – \$84,000 <input type="checkbox"/>
\$83,999 – \$72,000 <input type="checkbox"/>	\$83,999 – \$72,000 <input type="checkbox"/>
71,999 – \$58,000 <input type="checkbox"/>	71,999 – \$58,000 <input type="checkbox"/>
Moderate Financial Need	Moderate Financial Need
\$40,000 – \$57,999 <input type="checkbox"/>	\$40,000 – \$57,999 <input type="checkbox"/>
High Financial Need	High Financial Need
\$39,999 - \$25,000 <input type="checkbox"/>	\$39,999 - \$25,000 <input type="checkbox"/>
\$24,999 and below <input type="checkbox"/>	\$24,999 and below <input type="checkbox"/>

<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.