Framingham STATE COLLEGE | MetroWest YMCA Early Childhood Center

Application Form

Child's name _____ Requested Start Date _____

Date of Birth _____/_____/_____ (mo/day/yr) Sex _____ Preferred Language_____

Home Phone (_____) _____

Address: _____

Guardian 1's name _____ Guardian 2's name _____

Date of Birth _____/_____/_____ (mo/day/yr) Date of Birth _____/_____/_____ (mo/day/yr)

Daytime phone (_____) _____ Daytime phone (_____) _____

Email _____ Email _____

Please check the appropriate box for the schedule you request

☐ 5 days (Mon – Fri) ☐ 3 days (Mon, Wed, Fri) ☐ 2 days (Tue, Thurs)

Financial Aid

☐ *I have an EEC voucher or contracted slot for financial assistance.*

Framingham State College Community Status (check one)

☐ Framingham State College Community (Faculty, Staff, Students and Alumni): Guardian affiliated with FSC: _____ and Department/Degree: _____

☐ General Community (not affiliated with FSC as faculty, staff, or students)

Registration Fee

This non-refundable fee or copy of active voucher/contracted slot must be attached for application to be processed. (Check one)

☐ New Child: $50 ☐ Returning child $25

Applicants will receive notification of space availability. Child orientation visits must be scheduled and all enrollment documents must be completed and returned with the first month's tuition payment before your child can attend the program.

Guardian signature _____ Date _____