



APPLICATION FOR EARLY EDUCATION & YOUTH PROGRAMS

58 Berkeley Street, Boston, MA 02116 Phone (617) 482-7341 Fax (617) 695-9309

Please print, complete and mail, fax or email this application (check staff directory on website for email address of relevant program director)

☐ Infant/Toddler ☐ Preschool/Kindergarten ☐ School Age

CHILD'S NAME _____

Date of Birth _____ ☐ Male ☐ Female When is space needed? _____
Month day year

Parent/Guardian _____ Parent/Guardian _____

Email _____ Email _____

Address _____ Address _____

City, State _____ Zip _____ City, State _____ Zip _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Position _____ Position _____

Address _____ Address _____

City, State _____ Zip _____ City, State _____ Zip _____

Office Phone _____ Office Phone _____

Annual Income _____ Annual Income _____

Number in family household including parent(s)/guardian(s), siblings, and unborn child(ren) _____

Is your child currently enrolled in a program or school? ☐ Yes ☐ No If yes, where _____

Check all that apply: ☐ Voucher ☐ DCF ☐ EEC (subsidized) Do we have permission to add you to the wait list? _____

How did you hear about Ellis? _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Applicant's Signature _____

Date _____