



Framingham

State University

FRAMINGHAM STATE UNIVERSITY EARLY CHILDHOOD CENTER APPLICATION FORM

Child's Name _____

Date of Birth _____ Primary Language _____

Address _____ Home Phone _____

Guardian 1's Name _____

Daytime Phone _____ Email Address _____

Guardian 2's Name _____

Daytime Phone _____ Email Address _____

Desired start date _____

Please check the appropriate schedule you request:

- 5 Days (Monday-Friday)
- 3 Days (Monday, Wednesday, Friday)
- 2 Days (Tuesday, Thursday)
- 1 or 4 Days--Please check with Director for availability

Enrollment Information:

- Framingham State University Faculty, Staff, Student, or Alumni
Guardian's Name Affiliated with FSU _____
Department/Degree _____
- Community Member (not affiliated with Framingham State University)

Financial Aid Information:

- Guardian has EEC voucher or other state or federal financial assistant.

All enrollment forms must be completed and returned with payment of half of the first month's tuition payment before your child can attend the program.

Guardian's Signature _____

Date _____

Please complete this application form and return it to the following address:

Framingham State University Early Childhood Center

100 State Street, Framingham, MA 01701

For questions or information, please call (508) 626-4084.

OFFICE USE ONLY: Date Received _____ Date of Admittance _____