Ellis Memorial & Eldredge House
Application for Early Education & After School Services

P.O. Box 352 Boston, MA 02117 Fax: (617) 695-9309

Please mail, fax, or email this application to Ellis Memorial.

☐ Infant/Toddler ☐ Preschool/Kindergarten School Age @ ☐ Berkeley Street ☐ Madison Park

Child's Information

Name _____

Date of Birth ____/____/____ (month / day / year) ☐ Male ☐ Female When is slot needed? _____

Parent's Name	Parent's Name
Email	Email
Address	Address
City Zip	City Zip
Phone #	Phone #
Cell #	Cell #
Occupation	Occupation
Employer	Employer
Address	Address
City Zip	City Zip
Phone #	Phone #
Annual Gross Income	Annual Gross Income

Number in family (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 ☐ EEC (subsidized) ☐ AFDC ☐ DCF

How did you hear about Ellis Memorial?

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Applicants Signature _____ Date _____