



Registration Form

Child's Name: _____ Age: _____ DOB: _____

Lives with: Both Parents Mother Father Grandparents Other (_____)

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Phone: _____

Other children living in the home and age(s):

Primary language spoken at home: _____ Language child speaks: _____

Does your child attend preschool? If yes, name of preschool: _____

How long have you lived in Clinton? _____

Please indicate the time of day you would most likely attend workshops (snacks/dinner, childcare provided):

11:00-12:00 3:30-4:30 4:30-5:30 5:30-6:30 6:30-7:30

Are you interested in learning more about our preschool scholarship program? Yes No

Optional Demographic Information: (demographic information assists in program funding opportunities)

Race/Ethnicity: White/Caucasian African American Hispanic Other (_____)

Household Income: under \$40,000/yr \$40,000-80,000/yr over \$80,000/yr

Parent/caregiver Education Level: High School College Post-graduate

Best Beginnings is a project of the Early Childhood Council
Funded by Middlesex United Way, in partnership with the Clinton Board of Education

Grant Project, c/o Clinton Public Schools, 137-B Glenwood Road, Clinton, CT 06413
Kimberly Brown, NCSP, Program Director 860.664.6501 kbrown@clintonpublic.net