

**Warren Woods Early Childhood Center**

12900 Frazho Road Warren, MI 48089

(586) 439-4885

(586) 759-1742-Fax



**Warren Woods Early Childhood Center**

**GSRP Application**



Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**\*Students who are not 4 by September 1<sup>st</sup> will be eligible for registration after September 2<sup>nd</sup>**

|                             |                             |
|-----------------------------|-----------------------------|
| Mother's Name:              | Father's Name:              |
| Mother's Home Phone Number: | Father's Home Phone Number: |
| Mother's Work Phone Number: | Father's Work Phone Number: |
| Mother's Cell Phone Number: | Father's Cell Phone Number: |
| Mother's Email:             | Father's Email:             |

| <b>Name/Relationship of other persons living in household</b> |                     |
|---|---------------------|
| <b>Name</b>   | <b>Relationship</b> |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |

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**TOTAL NUMBER OF PERSONS IN HOUSEHOLD:** \_\_\_\_\_

**HOME SCHOOL DISTRICT:** \_\_\_\_\_

**Please tell us anything else you would like us to know about your child and any additional comments/concerns you have that would help us understand your child:**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PREFERENCE (CIRCLE): FULL DAY    ½ DAY AM    ½ DAY PM**

**(Please note you may or may not get the preference chosen)**

**DISTRICT USE:**

**Income Eligibility %:** \_\_\_\_\_

**Risk Factor:** \_\_\_\_\_