

# 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:

Name/Relationship of other persons living in household	
Name	Relationship

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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    1/2 DAY AM    1/2 DAY PM**

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

**DISTRICT USE:**

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

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