



"Where learning is an adventure!"

Waitlist Registration Form
(A \$10 processing fee is due upon submission of this form)

PLEASE PRINT CLEARLY

APPLYING FOR: ___ Toddler (14 months - 3 years) ___ Preschool (3-5 years)

Child's Name: _____ Birth Date ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: ___ Black ___ Caucasian ___ Asian ___ Hispanic ___ Native American ___ Other _____

Child Lives With: ___ Mother ___ Father ___ Both Parents ___ Other _____

FAMILY INFORMATION

Mother's Name: _____ Email: _____

Home # _____ Cell #: _____ Cell Phone Carrier: _____ Work #: _____

Home Address (If different from above): _____

City: _____ State: _____ Zip: _____

Employer Name & Address: _____ Income: \$ _____

Father's Name: _____ Email: _____

Home # _____ Cell #: _____ Cell Phone Carrier: _____ Work #: _____

Home Address (If different from above): _____

City: _____ State: _____ Zip: _____

Employer Name & Address: _____ Income: \$ _____

Do you have other children in our program? ___ Yes ___ No If yes, what is the child's name? _____

Please list other children in the family:

Child's Name: _____ Birth Date ___/___/___

Child's Name: _____ Birth Date ___/___/___

The following documents are required to complete the application process:

Birth Certificate, current immunization record, proof of income and 2 proofs of residence.

For office use only

Date: ___/___/2020 Paid: \$ _____ Received By: _____

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