

**CHILD STUDY AND DEVELOPMENT CENTER  
Kindergarten Application Form**

CHILD'S NAME \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Please complete a separate application for each child).

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Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**UNIVERSITY AFFILIATION\*\***

Operating Staff \_\_\_ PAT Staff \_\_\_ Indicate % time \_\_\_

Operating Staff \_\_\_ PAT Staff \_\_\_ Indicate % time \_\_\_

Faculty \_\_\_ Academic Year \_\_\_ Fiscal Year \_\_\_ % time \_\_\_

Faculty \_\_\_ Academic Year \_\_\_ Fiscal Year \_\_\_ % time \_\_\_

Undergraduate Student \_\_\_ Graduate Student \_\_\_

Undergraduate Student \_\_\_ Graduate Student \_\_\_

Number of credits enrolled \_\_\_\_\_

Number of credits enrolled \_\_\_\_\_

**CURRENT PROGRAM**

\*Preschool II/CSDC \_\_\_ Program III/Nursery School \_\_\_ Other Program \_\_\_

**\*Children must remain enrolled in Preschool II through the summer months prior to the beginning of the Kindergarten school year.**

**Family Income Information:**

Please circle appropriate section below for estimated combined yearly income:

<15,000   <30,000   <45,000   <60,000   <75,000   <90,000   <105,000   >105,000

What is your child's racial/ethnic background?

Does your child have any special needs? Please explain.

What language(s) are used at home?

Is there anything about your child or family that you think we should know about? Please explain.

Please return to:  
CSDC  
22 O'Kane RD  
Durham, NH 03824-3536  
(603) 862-2835

<b>For Office Use:</b> Date Received: _____ \$15 non-refundable fee _____
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