

CHILD STUDY AND DEVELOPMENT CENTER
Full-Day, Infant/Toddlers & Preschool Programs
Application Form

CHILD's NAME _____ Gender _____
(Please complete a separate application for each child).

Date of Birth: _____

Parent Name: _____

SS# _____

Home Address: _____

Home Phone: _____

Email: _____

Work Address: _____

Work Phone #: _____

UNIVERSITY AFFILIATION (If applicable)

Operating Staff ___ PAT Staff ___ Indicate % time ___

Faculty ___ Academic Year ___ Fiscal Year ___ % time ___

Undergraduate Student ___ Graduate Student ___

Number of credits enrolled _____

Anticipated date of graduation _____

Parent Name: _____

SS# _____

Home Address _____

Home Phone: _____

Email: _____

Work Address: _____

Work Phone #: _____

UNIVERSITY AFFILIATION (If applicable)

Operating Staff ___ PAT Staff ___ Indicate % time ___

Faculty ___ Academic Year ___ Fiscal Year ___ % time ___

Undergraduate Student ___ Graduate Student ___

Number of credits enrolled _____

Anticipated date of graduation _____

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

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