

**UNH CHILD STUDY AND DEVELOPMENT CENTER
Nursery School
Application Form**

CHILD's NAME _____

Gender _____ Male _____ Female

Date of Birth: _____

Parent Name: _____

Parent Name: _____

Occupation: _____

Occupation: _____

Home Address: _____

Home Address _____

Home Phone: _____

Home Phone: _____

Email: _____

Email: _____

Work Address: _____

Work Address: _____

Work Phone #: _____

Work Phone #: _____

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

For Office Use: Date Received: _____ \$15 non-refundable fee _____
