

UNH CHILD STUDY AND DEVELOPMENT CENTER
Full-day (Infant/Toddlers & Preschool Programs) Application Form

Child's Name: _____ Gender _____ D.O.B _____
(Please complete a separate application for each child)

University affiliation of one parent must be current for child to remain enrolled at CSDC

Parent/ Guardian Name _____	Parent/ Guardian Name _____
UNH ID# _____	UNH ID# _____
Home Address _____	Home Address _____
_____	_____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Address _____	Work Address _____
Work Phone _____	Work Phone _____

UNIVERSITY AFFILIATION (If applicable)
Operating Staff __ PAT Staff __ Indicate % time __
Faculty __ Academic Yr __ Fiscal Year __ % time __
Undergraduate Student __ Graduate Student __
Number of credits enrolled _____
Anticipated date of graduation _____
Department _____

UNIVERSITY AFFILIATION (If applicable)
Operating Staff __ PAT Staff __ Indicate % time __
Faculty __ Academic Yr __ Fiscal Year __ % time __
Undergraduate Student __ Graduate Student __
Number of credits enrolled _____
Anticipated date of graduation _____
Department _____

Does your child currently have a sibling at CSDC or on our waiting lists? _____

CSDC Admissions and Tuition policies are available at www.csdc.unh.edu

What is your child's racial/ ethnic background?

Does your child have any special needs? Has your child been assessed or received services from specialists (e.g. language therapist, school district, intervention services) and/ or have an IFSP or IEP? Please describe.

What language(s) are used at home?

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

All applications received by CSDC prior to March 1st each year will be entered into a lottery for anticipated school year openings for the next school year.

Complete only **AFTER** admission: I am familiar with the CSDC admission and tuition policies and have updated this application as needed. Signature: _____ Date: _____

Please make checks payable to 'UNH'

<p>For internal use only: \$15 non-refundable fee: _____ Date Received: _____ ID#: _____ Tour: _____ Non-Refundable Registration: _____ Date Received: _____ DB Entry: _____</p>

Please return to: CSDC, 22 O'Kane Road, Durham, NH 03824-3536 – (603) 862-2835 – csdc.info@unh.edu