

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

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

Parent/ Guardian Name _____	Parent/ Guardian Name _____
UNH ID# (if applicable) _____	UNH ID# (if applicable) _____
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 ____	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 ____

Child's Current Program:

*Preschool II/ CSDC _____ CSDC Nursery Program 3 _____ Other Program _____
* Children must remain enrolled in Preschool II through the summer months prior to the beginning of the kindergarten school year.

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'**

For internal use only:

\$15 non-refundable fee: _____ Date Received: _____ ID#: _____

Tour: _____ Non-Refundable Registration: _____ Date Received: _____ DB: _____

*Families with children currently enrolled in the full-time Preschool 2 program will pay a reduced tuition deposit of \$175

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