

**UNH CHILD STUDY AND DEVELOPMENT CENTER**  
**Part-time Nursery Program Application (Academic Year Program)**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Parent/ Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Does your child currently have a sibling at CSDC or on our waiting lists?** \_\_\_\_\_

-----  
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 1<sup>st</sup> each year will be entered into a lottery for anticipated school year openings for the next school year. Children must be 2 years of age by September 30<sup>th</sup> to be enrolled in Nursery Program. For admission policies please check the website at [www.csdc.unh.edu](http://www.csdc.unh.edu)

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 Entry: \_\_\_\_\_

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