APPLICANT INFORMATION FORM

Enrollment Preference: ☐ Full Time ☐ Nursery
(a separate application for each program is required with a $15 fee for each)

Name of Child: _____ DOB (or due date): _____ Male /or/ Female

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

Employer: _____ Employer: _____

Admission is based on availability and may be subject to priority enrollment rules of the CSDC. Admission decisions are based on a comprehensive approach with consideration given to University affiliation, sibling preference and waitlists. The CSDC may also consider inclusion, diversity and equity in making admissions decisions to support and sustain a multicultural and accessible educational community.

The CSDC does not discriminate on the basis of race, color, religion, sex, age, national origin, gender identity or expression, disability, sexual orientation, veteran status, marital status, or any other considerations made unlawful by federal, state, or local laws.

UNIVERSITY AFFILIATION (if applicable)
UNH ID#: _____
Staff ☐ OS ☐ PAT **Indicate % time_____**
Faculty ☐ Academic Year ☐ Fiscal Year **Indicate % time _____**
Student # Credits Enrolled_____ Date of Graduation _____
Department _____

UNIVERSITY AFFILIATION (if applicable)
UNH ID#: _____
Staff ☐ OS ☐ PAT **Indicate % time_____**
Faculty ☐ Academic Year ☐ Fiscal Year **Indicate % time _____**
Student # Credits Enrolled_____ Date of Graduation _____
Department _____

Name(s) of siblings (currently enrolled or in applicant pool): _____

Anticipated Daily Schedule (between 7:30am-5:30pm): M_____ T_____ W_____ R_____ F_____
regardless of anticipated schedule, all full-time families pay the full-time rate

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

OPTIONAL QUESTIONS (*for research purposes only*)
Race/Ethnicity of child (optional, check all that apply):
☐ White   ☐ Asian/Pacific Islander   ☐ Native American or American Indian
☐ Hispanic/Latino   ☐ Black or African American   ☐ Other: please specify: _____

Language(s) spoken in the home: _____

Annual Family Income (sliding fee scale available <u>only</u> to UNH affiliated families making under $95,000**):**
☐ < $50,000   ☐ <65,000   ☐ <$80,00   ☐ <$95,000   ☐ >$95,000

An application fee of $15 is due at time of application submission (must be a check or money order made payable to "UNH")