

Full Time Program Application

(\$15 fee per application, checks payable to: UNH)

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 is 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 lottery results. 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 only 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")

For office use: Application Fee Paid: _____ Date Received: _____ ID#: _____ DB Entry: _____
 Tour: _____ Non-Refundable Registration Fee Paid: _____ Date Received: _____ Sliding Fee Placement: _____