

## 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 \_\_\_\_\_

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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 \$90,000):

- < \$50,000     <65,000     <\$80,00     <\$90,000     >\$90,000

**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: \_\_\_\_\_