

## Full Time Program Application

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

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 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: \_\_\_\_\_

Have you ever worked for or attended any programming at USNH?

☐ Yes

☐ No

Have you ever worked for or attended any programming at USNH?

☐ Yes

☐ No

The CSDC is an educational community that serves the university's mission as a program of excellence for teacher training and research. The Center accordingly may consider many factors in making admissions decisions in order to fulfill those university missions. Admission is based on availability and is subject to priority enrollment rules of the CSDC.

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, use back as needed.

### OPTIONAL QUESTIONS (for research purposes only)

#### Race of child (check all that apply):

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

☐ Other: \_\_\_\_\_

#### Ethnicity of child:

☐ Hispanic or Latino or Spanish Origin

☐ Not Hispanic or Latino or Spanish Origin

Language(s) spoken in the home: \_\_\_\_\_

Annual Family Income (sliding fee scale available only to eligible UNH affiliated families making under \$160,750):

☐ < \$48,225

☐ < \$64,300

☐ < \$96,450

☐ < \$128,600

☐ < \$160,750

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: \_\_\_\_\_