

Part Time Multi-Age Preschool (MAP) 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) N/A
UNH ID#: _____
Staff OS PAT **Indicate % time** _____
Faculty Academic Year Fiscal Year Adjunct
Student # Credits Enrolled _____ **Date of Graduation** _____
Department _____

UNIVERSITY AFFILIATION (if applicable) N/A
UNH ID#: _____
Staff OS PAT **Indicate % time** _____
Faculty Academic Year Fiscal Year Adjunct
Student # Credits Enrolled _____ **Date of Graduation** _____
Department _____

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

MAP Program Enrollment* Preference: MAP 2 (T/TR) 9:00am-4:00pm OR MAP 3 (M/W/F) 9:00am-4:00pm

**Enrollment preference is not a guarantee, dependent upon available spaces*

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:

< \$50,000 < \$70,000 < \$90,000 < \$110,000 < \$130,000 > \$150,000 \$170,000 > \$200,000

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: _____
