

Connecticut College Children's Program
Box 5215, New London, CT 06320 (860) 439 2920

APPLICATION FORM

Date application received: _____

Child's Name: _____ Birth date: _____

Nickname/Name Preferred: _____ Ethnicity: _____

Boy Girl When would you like your child to start the program? _____

Parent/Caregiver Information:

1. Name: _____ Relationship: _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell/Work phone: _____

E-Mail: _____

2. Name: _____ Relationship: _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell/Work phone: _____

E-Mail: _____

Names and ages of other children in family: _____

Is your child bi-lingual? Yes No If yes, what is your child's first language? _____

Please mark the following that apply to you and/or your child:

General Public Connecticut College Faculty Staff Alumni
 Sibling of currently/ previously enrolled child

Number of days you would like your child to attend toddler group or nursery school:

Please Check: _____ 2 _____ 3 _____ 5

Has your child had any group experience previously? (play-group, Sunday School, child care center, etc.)

Is your child presently enrolled in a B-3 program or receiving occupational therapy (OT), physical therapy (PT), or speech therapy? Yes No

Would you be interested in knowing more about our scholarship program? Yes No