

CONNECTICUT COLLEGE Child Development Lab School Application

New London, CT 06320 860-439-2920

Child's Full Name: _____ Name Preferred: _____

Child's Date of Birth: _____

Parent/Caregiver Information

1. Name: _____ Relationship: _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell/Work Phone: _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell/Work Phone: _____

EMAIL: _____

Name(s) and age(s) of other children living in the home:

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

How did you learn about the Lab School?

___ Connecticut College Faculty/ Staff ___ Alumni ___ General Public ___ The New London Day

___ Sibling of currently/previously enrolled child ___ Referred by _____

Days you would like your child to attend our Toddler Play Group or Preschool Program: Please check:

Toddler: 2 (M, W or T, Th.) 3 (M, W, F) 5 (M-F) Preschool: 2 (T, TH) 3 (M, W, F) 5 (M-F)

Interested hours: 9 a.m. - 1 p.m. , 9 a.m. - 3 p.m.

Extended Hours 7:30 a.m. - 9 a.m. OR 3 p.m. - 4:30 p.m.

Has your child had a group experience previously? (play-group, Sunday School, childcare) Yes, No

Is your child presently enrolled in a B-3 program? Yes No

Is your child receiving occupational (OT), physical (PT), or speech therapy currently? Yes No