

Connecticut College Child Development Lab School

Box 5215, CT College
New London, CT 06320
(860) 439-2920

APPLICATION FORM

Child's Name: Birth Date:

Nickname/Name Preferred: Boy Girl

Ethnicity:

When would you like your child to begin our program?

Parent/Caregiver Information:

1. Name: Relationship:

Address: City Zip

Home phone: Cell/Work phone:

2. Name: Relationship:

Address: City Zip

Home phone: Cell/Work phone:

EMAIL #1: EMAIL #2:

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

Blank lines for listing other children's names and ages.

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

How did you learn about the Children's Program?

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)

Hours interested in:

9a.m. - 1p.m. 9a.m. - 3p.m. Extended Hours 7:30a.m. - 9a.m. 3p.m. - 4:30p.m. or 3p.m. - 5:00p.m.

Has your child had group experience previously? (play-group, Sunday School, childcare center) 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