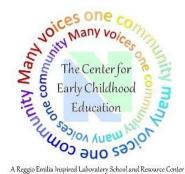
Date Received:



New Child Application Form

Program Applying For: _____Toddler Program

Preschool Program (Check all that apply): College Year Part Day/Part Year (Waterbury Priority) Full Day/Full Year (Waterbury Priority)

Child's Legal Name (On Birth Certificate)

| | (last) | (firs | st) | ,(middl | e) |
|---|--------------------------------------|---|------------------------------|-----------------|-------------|
| Address | | Apt. # | City | | |
| State | Zip Code | Home Phone: | | | |
| Date of Birth | | Sex/Gender | | | |
| | | PARENT/GUARDIA | AN INFORMAT | ION | |
| Parent/Legal Guardia | an | Relationsl | nip to child | Preferred | Pronouns |
| Employer | | Work# | | Cell# | |
| Parent/Legal Guardian | | Relationsł | nip to child: | Preferre | d Pronouns |
| Employer | | Work# | | Cell# | |
| Estimated Family Ar | nual Income | Weekly | y Family Income | | |
| 5 | | | | | |
| - | child live? | | | | |
| With whom does the | | ncl. adults & dependents) | | | |
| With whom does the | embers in household (in | | | ings and Gender | |
| With whom does the Number of family mo Names of Siblings ar | embers in household (in | ncl. adults & dependents) | Names of Sibl | | Birth Dates |
| With whom does the Number of family mo Names of Siblings ar 1. | embers in household (in nd Gender | ncl. adults & dependents) Birth Dates | Names of Sibl | ings and Gender | Birth Dates |
| With whom does the Number of family mo Names of Siblings ar 12 | embers in household (in nd Gender | nel. adults & dependents) Birth Dates | Names of Sibl 4 5 | ings and Gender | Birth Dates |
| With whom does the Number of family me Names of Siblings ar 1 | embers in household (in nd Gender | ncl. adults & dependents) Birth Dates | Names of Sibl 4 5 6 | ings and Gender | Birth Dates |
| With whom does the Number of family mo Names of Siblings ar 1 | embers in household (in nd Gender | nel. adults & dependents) Birth Dates | Names of Sibl 4 5 6 | ings and Gender | Birth Dates |
| With whom does the Number of family me Names of Siblings ar 1 | embers in household (in nd Gender | nel. adults & dependents) Birth Dates mtly enrolled in the Center | Names of Sibl 4 5 6 | ings and Gender | Birth Dates |

Naugatuck Valley Community College Student Application Supplement

| NVCC Student Parent/Guard | lian Name | | |
|------------------------------|------------------------|------------|--|
| Gender Pronoun | s Ethnicity | | |
| Annual Income | Pell Enrollment Status | Student ID | |
| Estimated Graduation/Transf | fer Date | | |
| Declared Major | | | |
| Degree or Certificate Expect | ed | | |

By signing below, I understand that submission of an application to The Center for Early Childhood Education at NVCC does not guarantee my/this child will be enrolled into the program. I also understand that in the event that my/this child is not enrolled in The Center, it is my personal responsibility to reserve and obtain alternate care. I understand that my/this child's application will be added to the Waterbury Office of Early Childhood wait list as well as The Center wait list.

STUDENT PARENT/GUARDIAN SIGNATURE

DATE

PLEASE RETURN APPLICATION TO: Naugatuck Valley Community College The Center for Early Childhood Education, Room K400 Waterbury, CT 06708 Fax: 203-596-8650 Email: labschool@nv.edu

Office use only

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