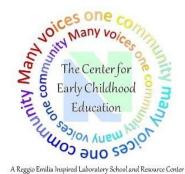
Date Received:



## **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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