Date Received: _____

Joices One com	New	Child Ap	plica	tion Forn	1	
A Reggio Emilia Inspired Laboratory School and Resource Center	Pı	New Child Application Form Program Applying For:Toddler Program Preschool Program (Check all that apply):College YearPart Day/Part Year (Waterbury Priority)Full Day/Full Year (Waterbury Priority)				
Child's Legal Name (On Birth Certificate) (last)	,		•	•	(middl	
	_			(maai	e)	
Date of Birth Sex/Gender		-				
Address	Apt. #	City			State	Zip Code
I	PARENT/GUA	RDIAN INFO	RMATIO	ON		
Parent/Legal Guardian	Relationship to child		l	Preferred Pronouns		
Employer	Work# Cell#					
Email Address:						
Parent/Legal Guardian	Relationship to child: Preferred Pronouns				ouns	
Employer	Work#Cell#					
Email Address:						
Estimated Family Annual Income	W	Veekly Family I	ncome			
With whom does the child live?						
Number of family members in household (incl. ad						
Names of Siblings and Gender	Birth Dates	Names	of Sibli	ngs and Gender	Bi	rth Dates
2						
Names of other children previously or currently	enrolled in The	Center				
1.						
2						
How did you become aware of this program?						
Will either parent be employed by NVCC at the	time the child a	ttends the Cente	r? 1	Department		
				-		
Will either parent/guardian be enrolled as a stude Center?(complete reverse page)	ent at a CT State	e Community Co	ollege or	University during	g the time	e the child attends I

The Center at Naugatuck Valley Student Application Supplement

Student Parent/Guardian Name			
Gender Pronouns	Ethnicity		
Annual Income	Pell Enrollment Status	Student ID	
Estimated Graduation/Transfer Dat	e		
Declared Major			
Degree or Certificate Expected			

By signing below, I understand that submission of an application to The Center for Early Childhood Education at Naugatuck Valley 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.

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	