



Rev 08/02

# LABORATORY SCHOOL APPLICATION FORM



Mail form to:  
CCC, Lab School Director,  
950 Main Street, Hartford, CT 06103

This application represents a request for admission to The Laboratory School, an on-campus Preschool and Child Care program. Children of the CCC students and faculty will be enrolled; where there are openings "Friends of the Laboratory School" may apply for admission. Upon receipt of this form to the office of the Director of the School, information concerning enrollment will be forwarded.

1. Name of Child \_\_\_\_\_  
(Last) (First) (Middle)

2 Program in which parent is enrolled \_\_\_\_\_

3 Child's date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

4 Student's home address \_\_\_\_\_

Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
\_\_\_\_\_ (name) (telephone)

(address)

5 School previously attended by child \_\_\_\_\_

6 Mother's name (or Guardian's name) \_\_\_\_\_

Mother's home address Telephone: (H) \_\_\_\_\_

Mother's work address Telephone: (W) \_\_\_\_\_

7 Father's name (or Guardian's name) \_\_\_\_\_

Father's home address Telephone: (H) \_\_\_\_\_

Father's work address Telephone: (W) \_\_\_\_\_ 8.

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
(name)

9 Circle one: CCC Student CCC Faculty Friend of Laboratory School

10. I give the school permission to take my child on any and all field trips with notification prior to each field trip. \_\_\_\_\_  
(initial)

11. I understand that I am responsible for the tuition which is payable weekly, bi-weekly, or monthly (Please circle the way in which tuition is to be paid). I understand further that tuition will be paid in the Business Office, in advance.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_