CT STATE COMMUNITY COLLEGE
GATEWAY

The Early Learning Center Laboratory School
20 Church St New Haven, CT 06510
Interim Director: Carmelita Valencia-Daye
Carmelita.valenciadaye@ctstate.edu

Dear Families,

Thank you for your interest in the Early Learning Center (ELC-Lab School). To be included in the waiting list, please complete the form down below and include the following documents when emailing the form:

- The New Child Application
- The child's birth certificate
- CT medical (Early Childhood Health Assessment Record & Immunization) dated within the last year.
- Banner ID Form

New Child Application Form:

Program Applied for:

☐ Infant/Toddler ☐ Preschool

Child's information:

Child's Legal Name: _____
(on Birth Certificate) (Last , Middle , First)

Date of birth: _____/_____/_____
(Month/Day/Year)

Sex/Gender: _____

Race/Ethnicity: select a choice

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Parent(s)/Guardian(s) information:

Parent/Legal guardian 1:

Name: _____

Relationship to the child: _____

Pronouns: _____

Employer: _____

Work Adress: _____

Work Number: (____) _____-_____

Cell Number: (____) _____-_____

Parent/Legal guardian 2:

Name: _____

Relationship to the child: _____

Pronouns: _____

Employer: _____

Work Adress: _____

Work Number: (____) _____-_____

Cell Number: (____) _____-_____

Family information:

Estimated Family Annual Income: $ _____

With Whom Does the Child Live? :_____

Number Of Family Members in the Household: _____
(include adults & other dependents)

Name of Sibling:	Gender:	Enrolled in the Lab School:
1._____	F ☐ M ☐	Yes ☐ No ☐
2._____	F ☐ M ☐	Yes ☐ No ☐
3._____	F ☐ M ☐	Yes ☐ No ☐
4._____	F ☐ M ☐	Yes ☐ No ☐
5._____	F ☐ M ☐	Yes ☐ No ☐
6._____	F ☐ M ☐	Yes ☐ No ☐

***Only fill this part if you are or plan to be a student/faculty/Staff when your child(ren) start.**

Student/Faculty/Staff information:

1.Will either parent/ guardian be employed by CT State at the time the child attends the ELC Lab School.

Yes ☐ No ☐

2. Will either parent/ guardian be enrolled as a student at a CT State Community College or University during the time the child attends the ELC Lab school.

Yes ☐ No ☐

**If the answer to line 2 in this section is yes please complete the following:*

Student Parent/Guardian Name: _____

Sex/Gender: _____ Pronouns: _____

Race/Ethnicity: select a choice _____

Annual Income: _____

Pell Enrollment Status: _____

Student ID: _____

Estimated Graduation/ Transfer Date: _____/_____/_____

Declared Major: _____

Degree or Certificate Expected:_____

How did you become aware of this Program?

Flyer ☐ **Advertisement** ☐

Website ☐ **Referral From:** _____

- By signing below, I understand that submission of an application to the Early Learning Center Lab School at CT State Community College Gateway Campus, does not guarantee my/this child will be enrolled into this 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/obtain alternate care.

_____ _____/_____/_____

Parent/Guardian Signature *Date*

Please Return Application By Email To:

The interim director: Carmelita Valencia-Daye
Carmelita.valenciadaye@ctstate.edu

Office use only:

Notes & Comments: