



## New Child Application Form

Program Applying For:

☐ Toddler Program

Preschool Program (Check all that apply):

☐ College & Community

☐ Half Day (Early Start CT)

☐ Full Day (Early Start CT)

Child's Legal Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(On Birth Certificate) (last) (first) (middle)

Date of Birth \_\_\_\_\_ Sex/Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

Estimated Family Annual Income \_\_\_\_\_ Weekly Family Income \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Number of family members in household (incl. adults & dependents) \_\_\_\_\_

Names of Siblings and Gender	Birth Dates	Names of Siblings and Gender	Birth Dates
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Names of other children previously or currently enrolled at the Lab School

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

How did you become aware of this program? \_\_\_\_\_Flyer \_\_\_\_\_Website \_\_\_\_\_Ad Referral from \_\_\_\_\_

Will either parent/legal guardian be employed by CT State NV at the time the child attends the Lab School Yes or No

Will either parent/legal guardian be enrolled as a student at a CT State Community College or University during the time the child attends the Lab School? (complete reverse page)

*The Early Childhood Education Laboratory School  
at CT State Naugatuck Valley*

Student Parent/Guardian Name \_\_\_\_\_

Gender \_\_\_\_\_ Pronouns \_\_\_\_\_ Ethnicity \_\_\_\_\_

Annual Income \_\_\_\_\_ Pell Enrollment Status \_\_\_\_\_ Student ID \_\_\_\_\_

Estimated Graduation/Transfer Date \_\_\_\_\_

Declared Major \_\_\_\_\_

Degree or Certificate Expected \_\_\_\_\_

*By signing below, I understand that submission of an application to The Early Childhood Education Laboratory School at CT State Community College (Lab School), Naugatuck Valley, does not guarantee my/this child will be enrolled in the program. I also understand that in the event that my/this child is not enrolled in The Lab School, 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 Lab School wait list.*

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN APPLICATION TO:**  
CT State Naugatuck Valley  
The Early Childhood Education Laboratory School  
Kinney Hall, Room K400     Waterbury, CT 06708  
Fax: 203-596-8650  
Email: [NV-LabSchool@ctstate.edu](mailto:NV-LabSchool@ctstate.edu)

**Office use only**
