



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) (first) (middle)

Date of Birth _____ Sex/Gender _____ Race/Ethnicity _____

Address _____ Apt. # _____ City _____ State _____ Zip Code _____

PARENT/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 the Lab School

- 1. _____ 3. _____
- 2. _____ 4. _____

How did you become aware of this program? _____Flyer _____Website _____ Ad Referral from _____

Will either parent be employed by CT State NV at the time the child attends the Lab School Department _____

Will either parent/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 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:
CT State Naugatuck Valley
The Early Childhood Education Laboratory School,
Room K400 Waterbury, CT 06708
Fax: 203-596-8650
Email: labschool@nv.edu

Office use only
