

ENROLLMENT APPLICATION

Name of Child: _____ Sex: Female
Last First Middle Male

Home Address: _____

Primary Family Telephone: _____ Child's Date of Birth: _____

Application for:

Youngest Group* (Age 2 by Aug 31) _____ 5 days _____ 3 days (M-W-F) _____ 2 days (T-Th)
*If applying for Youngest Group, please show preference for 2,3, or 5 mornings by entering 1st, 2nd & 3rd choice on the lines provided. (If applying for Middle or Oldest Group, you have the option of adding the Extended Day Program.)

Middle Group (Age 3 by Aug 31) _____ 5 days 8:30am-1pm

Oldest Group (Age 4 by Aug 31) _____ 5 days 8:30am-1pm

Parent/Guardian #1 – Name: _____ Occupation: _____

Employer _____ Telephone _____ Email _____

Parent/Guardian #2 - Name: _____ Occupation: _____

Employer _____ Telephone _____ Email _____

Please list name, sex, date of birth/due date for siblings. Have any attended this school?

How did you learn about the Child Study Center: _____

Are you affiliated with Wellesley College: _____

We have found that the child's experience is best when the family's expectations are aligned with the program philosophy. Therefore, we collect some background information on your child as well as your goals as parents/guardians for her/his education. This portion of the application is also an initial opportunity for us to get to know you and your child. At the Child Study Center, we try to create an enrollment that represents the full spectrum of diversity both for research purposes and for the benefits of children. Please answer these questions to the best of your knowledge. (Feel free to include additional information on a separate page.)

Has your child had any previous school or play-group experience? Please give child's age, the schedule, program name and a brief description. Were you pleased with this experience? _____

Has your child received support services or early intervention as a baby or toddler for developmental delays or disabilities? If yes, please provide detail: _____

Does your child have any physical, health, or medical conditions or challenges? If yes, please provide detail: _____

Please specify any languages (other than English) that are spoken in your home and describe your child's proficiency with that language: _____

What philosophy of education are you looking for in a preschool: _____

Parents/Guardians send children to preschool for a variety of reasons. Please list your priorities: _____

What are your goals for the coming school year: _____

What are your long term educational goals for your child: _____

The Child Study Center endeavors to create a diverse community on as many dimensions as possible. How do you see your family in terms of the diversity that you would bring to the CSC: _____

Is there anything else you'd like us to know about your child or family: _____

THIS APPLICATION IS NOT COMPLETE UNTIL AT LEAST ONE PARENT/GUARDIAN TOURS THE SCHOOL & AN APPLICATION FEE HAS BEEN RECEIVED. THE DEADLINE FOR REGULAR ADMISSIONS APPLICATIONS, TOURS, AND SUBMISSION OF FEES IS DECEMBER 1. ONCE YOUR APPLICATION IS SUBMITTED, PLEASE RSVP WITH YOUR PREFERRED DATE FOR A TOUR, THE SCHEDULE OF TOURS IS ON OUR WEBSITE. NOTIFICATIONS OF REGULAR ADMISSIONS DECISIONS ARE MAILED IN MID-DECEMBER *Revised 9/2021*