

APPLICATION FOR ADMISSION

Received at CD&FC: _____

Plymouth State College Affiliation: <input type="checkbox"/> faculty <input type="checkbox"/> Staff <input type="checkbox"/> Enrolled Student (A minimum of 6 PSC credits per semester is necessary for student status.) Please include Social Security Number so we may verify student status. SS#: _____
--

Plymouth State University
Child Development and Family Center
535-2740

Licensed by the State of New Hampshire
Accredited by the National Academy of Early Childhood Programs

Child's Full Name: _____

Date of Birth: _____

Parent (s) or Guardian (s) Legally Responsible for Child:

1st Contact

Name: _____ Relationship to Child: _____

Mailing Address:

Home Phone: _____

Email address: _____

Work Phone _____

Days/Times at work: _____

2nd Contact

Name: _____ Relationship to Child: _____

Mailing Address

Home Phone: _____

Email address: _____

Work Phone _____

Days/Times at work: _____

Admission Date Requested: _____

Days Requested:

Note: A full days is up to 9 hours between 7:00 AM and 5:15 PM. Children may
Not be at the Center more than 9 hours per day.

_____ **5 Full Days:** Monday, Tuesday, Wednesday, Thursday, Friday

_____ **3 Full Days:** Monday, Wednesday, Friday

_____ **2 Full Day:** Tuesday, Thursday

Has the child previously experienced out-of-home child care? _____

**If yes, please describe what type of care situation and how old the child was when
he/she began.**

**Please use this space to tell us about your child. You may want to comment on your
child's strengths, feelings, relationships, fears, etc. Please tell us what you hope your
child will gain from his/her experience at the Child Development and Family
Center.**

Return completed application to:
Plymouth State University Child Development and Family Center
MSC #46
Plymouth NH 03264

