



Child Development Laboratory School

# Waiting List Application Form

*(\$20 application fee due with form)*

**For office use only**

Application Date:

Enrollment Date:

Paid:

**PLEASE PRINT CLEARLY**

**APPLYING FOR:**    \_\_\_ Infant/Toddler    \_\_\_ Preschool (3 year old)    \_\_\_ Preschool (4 year old)

**Children must be enrolled for at least 14 hours per week.**

**Registration Choices: 5 Days (M-F); 3 Days (M/W/F); 2 Days (T/TH)**

Parent Status (check one):    \_\_\_ NCC Student    \_\_\_ NCC Staff/Faculty    \_\_\_ Community

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

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

Telephone \_\_\_ (home) \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Child's Ethnic Origin: \_\_\_ Black    \_\_\_ Caucasian    \_\_\_ Asian    \_\_\_ Hispanic    \_\_\_ Other

Child Lives With: \_\_\_ Mother    \_\_\_ Father    \_\_\_ Both Parents    \_\_\_ Other

**Family Information:**

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different from above ) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list other children in the family:

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____

**Only if Norwalk Resident: family size: \_\_\_\_\_ yearly family income: \_\_\_\_\_**

When a spot for your child becomes available we will contact you. It is your responsibility to update your contact information when it changes. **This application does not guarantee a spot for your child in the CDLS.**

**Please return this application with a \$20 application fee made out to NCC/CDLS.  
Send to: CDLS, Norwalk Community College, 188 Richards Avenue, Norwalk, CT 06854**