



For office use only:
Date rcvd:
Paid: Y N

178 Mechanic Street, Lebanon, NH 03766
Phone (603) 448-1615

APPLICATION FOR ENROLLMENT

Please complete all information requested and return this application with a registration fee of \$20.

Today's Date: _____ Desired start date: _____

Desired schedule: (circle days needed) Monday Tuesday Wednesday Thursday Friday

Approximate time of drop off _____ and pick up _____

Family information

Child's Name: _____ DOB: _____

Parent or Guardian name: _____ Relationship to child: _____

Address: _____

Phone: _____ work home cell Email: _____

Parent or Guardian name: _____ Relationship to child: _____

Address: _____

Phone: _____ work home cell Email: _____

Additional information

Child lives with (circle): Both parents
Mother only
Father only
Legal Guardian
Shared Time with: _____ & _____
Other (please specify): _____

Does your child speak English? Yes No

Are you, the parent/guardian, limited or non-English speaking? Yes No

What primary language(s) do you speak at home? _____

Do you have concerns for your child? (speech, social development, behavior, etc.) _____

Are there agencies supporting the family, such as child care assistance from VT or NH, DCYF or VNA? _____

Are there allergies or special dietary request? _____

Does your child have health insurance? Yes No

Are you interested in receiving information on NH Healthy Kids? Yes No

Are you interested in receiving information on Dr. Dynasaur? Yes No

Sliding fee scale is determined based on income. You will be asked to supply income information when you are offered a spot. Please select a category below for the application process.

- \$0 - \$25,000
- \$25,001 - \$35,000
- \$35,001 - \$45,000
- \$45,001 - \$55,000
- \$55,001 - \$70,000
- \$70,001 - \$85,000
- \$85,000 - \$100,000
- \$100,000 plus

Racial-Ethnic Heritage of your child:

The information below is not required and your cooperation will help determine compliance with federal civil rights laws. It has no effect on consideration for enrollment and is strictly for reporting purposes only.

- Native American/First Nation
- Asian or Pacific Islander
- Black (non-Hispanic)
- Hispanic
- White (non-Hispanic)
- Other, please name _____

How did you hear about us? _____

Signature to verify the above information: _____

Printed name: _____

Statement of Non-Discrimination: Children's Center of the Upper Valley does not discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age or disability.

