

Springfield College
Child Development Center

715 Wilbraham Road, Springfield, MA 01109
(413) 788-2451



Application for Enrollment
Please print clearly. This document has two pages.

Date of Application: _____

Application Fee: \$50

Date of Child's Birth: _____

Child's Name: _____
Last First Middle Initial

Address: _____
Street State Zip Code

Parent/Guardian
Name: _____

Parent/Guardian:
Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

List Springfield College Affiliation (employee, alumni, student): _____

List Cooperating Colleges of Greater Springfield Affiliation: _____

Time Preference:

Full time (Five Days per Week): _____

Part Time (Minimum of Two Days per Week): _____

Days Requested: M ___ W ___ F ___ T ___ Th ___

Requested Session for Enrollment:

Full Year (12 Months): _____

Academic Year (10 Months, September through June): _____

Academic Year (Nine Months, September through May): _____

Does your child have any special needs?

Is there anything else you would like us to know about your child?

How did you hear about the Springfield College Child Development Center?

Friend/Relative: _____ Child Development Center Street Sign: _____ Website: _____

The Reminder: _____ Sibling Attended: _____ State/Federal Referral: _____

The Republican: _____ Yellow Pages: _____

Western New England University/American International College: _____

Please mail completed application with a check or money order payable to Springfield College to:

Springfield College, 715 Wilbraham Road, Springfield, MA 01109

Office Use Only

Child's Age at Date of Enrollment: _____ years and _____ months

Placement:

Toddler Group (15 months to 2 years and 9 months):

Preschoolers (Older than 2 years and 9 months to 5 years):

Days Attending: **M** ___ **W** ___ **F** ___ **T** ___ **Th** ___

Application Fee: \$50

Date Received: _____