## BOWDOIN COLLEGE

| Application Fee |
|-----------------|
| Received        |

## COMMUNITY APPLICATION FOR ENROLLMENT

| Date of Application   |  |         |
|---|--|---------|
| Name of Child   | D.O.Bmo  |         |
| Address   | TownZip_   | day yr. |
| Parent or guardian  | Home Phone   |         |
| Email Address   |  |         |
| Address   | City/State   | zip     |
|   | Cell/Work Phone  |         |
| Parent or guardian  | Home Phone   |         |
| Email Address   |  |         |
| Address(if different from shild)  | City/State   | zip     |
|   | Cell/Work Phone  |         |
| Have you of a family member ever been   | a Bowdoin Employee?  |         |
| If yes, when and for what department? _   |  |         |
| Please indicate if you are interested in: 10-month contract (third week in A12-month contract | August - second week in June)  |         |
| •   | 5 and the availability of space at the Center, we will discuss this with you at the time of your |         |
| Infant (12 weeks – 15 months) Older Toddler (2 years – 3 years)                               | Young Toddler (11 months – 2 years)<br>Preschool (2.6 years – 5 years)                           |         |
|   |  |         |

Currently, we only offer full-week care. You are welcome to send your child for care as often as you choose during the week, however our Center does not offer part-time slot options.

We typically enroll children during the month of March for the year beginning in August.

We will reach out to you by email to confirm the receipt of your application.

## Thank you!