## BOWDOIN COLLEGE

## COMMUNITY APPLICATION FOR ENROLLMENT

Date of Application			
Name of Child	D.O.B		
Address	TownZ	day yr. iip	
Parent or guardian	Home Phone		
Email Address			
Address(if different from child)	City/State	zip	
	Cell/Work Phone		
Parent or guardian	Home Phone		
Email Address			
Address(if different from child)	City/State	zip	
Occupation			
Have you of a family member ever been a Bowd If yes, when and for what department?	·		
Based on your child's age on October 15 and the your child in one of these programs. We will dis	-		
Infant (12 weeks – 15 months) Older Toddler (2 years – 3 years)	· ·	Young Toddler (11 months – 2 years) 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.

## Please Return this application to the address below.

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

Thank you!