

Bowdoin College

COMMUNITY APPLICATION FOR ENROLLMENT

Date of Application _____

Name of Child _____ D.O.B. _____
mo. day yr.

Address _____ Town _____ Zip _____

Parent or guardian _____ Home Phone _____

Email Address _____

Address _____ City/State _____ zip _____
(if different from child)

Occupation _____ Cell/Work Phone _____

Parent or guardian _____ Home Phone _____

Email Address _____

Address _____ City/State _____ zip _____
(if different from child)

Occupation _____ Cell/Work Phone _____

Have you of a family member ever been a Bowdoin Employee? _____

If yes, when and for what department? _____

Based on your child's age on October 15 and the availability of space at the Center, we would consider placing your child in one of these programs. We will discuss this with you at the time of your enrollment.

Infant (3 months – 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!