

Phyllis Bodel Childcare Center at Yale School of Medicine, Inc.

367 Cedar St, New Haven, CT 06510

203-785-3829 / Fax 203-785-3827

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Application Form

A non-refundable processing fee of \$35.00 is due with this application form.

If you are filling out this application before the birth of your child, you *must* call us *after* the birth of your child. Only completed applications will be considered for enrollment. Thank you.

Today's Date: _____

Child's Name: _____

Sex: _____

Address: _____

Phone: _____

Date of Birth or
Expected Date of Birth: _____

Starting Date: _____

1st Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Phone: _____

Email Address: _____

2nd Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Phone: _____

Email Address: _____

Enrollment of children in the Program involves a consideration of the date of application and the age of the child. Providing an appropriate representation of ages within the Center is essential for promoting individualized childcare.

Full Time: _____ Scholarship _____
Part Time: M _____ T _____ W _____ Th _____ F _____ Grant _____

The two items below will be completed by Bodel Childcare staff.

Priority Number: _____ Check Received: _____