

**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?

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

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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

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**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: \_\_\_\_\_