

For office use only: date rec'd _____
Fee paid _____ Check # _____
Received by: _____

APPLICATION

**Center for Young Children
University of Maryland
Website:**

**301-405-3168
www.education.umd.edu/CYC**

**Bldg. 381 Valley Drive
College Park, MD 20742**

CHILD INFORMATION

Name: _____ Gender _____
(first) (last) (m or f)

Date of birth _____

Age now _____ Anticipated age at enrollment _____

Do you prefer the part-time (Mon. through Fri. 8:30am -12:30pm) or full-time program? ___P/T ___F/T

**NOTE: You must choose EITHER the part-time OR the full-time program in order to be placed on the waitlist.
You may call to change this designation and keep your original date of application up until January 31st of the year
in which your child would enroll.**

PARENT INFORMATION

Name of parent/guardian #1 _____ **Relationship** _____

Status (faculty, staff, student, non-affiliate) _____ **If student, grad or undergrad?**
Anticipated grad. date _____

Department and Title _____

Home Address _____
(street)

(city, state, zip)

Home Phone # _____

Employer _____ **Work phone #** _____

Cell Phone # _____ **Email** _____

Name of parent/guardian #2 _____ **Relationship** _____

Status (faculty, staff, student, non-affiliate) _____ **If student, undergrad or grad?**
Anticipated grad. date _____

Department and Title _____

Home Address _____
(street)

(city, state, zip)

Home Phone # _____

Employer _____ **Work phone #** _____

Cell Phone # _____ **Email** _____

FAMILY INFORMATION

Family status: ___ single ___ married ___ separated ___ divorced
___ widowed ___ other, explain _____

If divorced, who has custody? _____

Child resides with _____

How did you hear about our Center? ___co-worker ___TV ___campus fair ___newspaper
___other, specify _____

I hereby swear/affirm that the information provided in this application is accurate and complete to the best of my knowledge. If any of the information provided in this application changes, I agree to notify the Center for Young Children immediately.

I further understand that the **\$30.00 one-time application fee** I am submitting with this application is **non-refundable**. I understand that I may be asked to provide a copy of my child's birth certificate as proof of age. In the event that no space is available for my child at the current time, this application fee assures me a place on the waitlist. **I understand that completing the application process does not guarantee a space for my child in the Center.**

Parent Signature

Date

Printed Name

Dear Applicant,

Welcome and thank you so much for your interest in joining the Center for Young Children's family. Here is some background information that briefly explains our program. Our school is accredited by the National Association for the Education of Young Children (NAEYC) and serves students ages 3-6 in our preschool and Kindergarten classrooms. We are also an important component of the College of Education's Early Childhood undergraduate program.

The Center for Young Children's mission is to educate and care for young children in a developmentally appropriate manner, to serve as an exemplary laboratory and demonstration school that mentors and trains undergraduate students for education and other related professions, and to serve as a research site for the campus and the community.

If you have not yet had a chance to visit the center, please feel free to call and make an appointment for a complete tour. We would be happy to show you around and answer any questions you might have about our curriculum and other important school policies. We encourage you to visit our website: www.education.umd.edu/CYC. There you can view photos, learn about the history of the school, review faculty biographies and gain other pertinent information.

Attached you will find our enrollment application. Please read the application carefully and fill it out completely. Once we receive your completed application and the **non-refundable \$30.00 application fee**, your child will be placed on our waiting list. You can make your check payable to the **University of Maryland**. **Please note that your child's placement on the waiting list does not guarantee him/her admission.**

Thank you for considering the Center for Young Children as a school choice for your child. We look forward to hearing from you!

Sincerely,

Leslie Oppenheimer, M.Ed.
Curriculum/Enrollment Specialist

Jennifer Haislip
Program Administrative Specialist

(301) 405-3168