

Wellesley College
Child Study Center



Page Building
106 Central Street Wellesley, MA 02481-8203
Telephone: 781-283-2694

For Office Use

Recvd:
Ack:
Visit:

APPLICATION

Name of Child _____ Sex _____
Last First Middle

Home Address _____

Home Telephone _____ Birth Date _____

Application for:

(If applying for Youngest Group please show preference for **2, 3, or 5 mornings** by entering "1st", "2nd" & "3rd" choices on the lines provided. If applying for Middle or Oldest Group, you must indicate "5 mornings" but also have the option of adding "2 extended days".)

Youngest Group (2yrs by Sept 1) _____ 2 mornings (T-Th) _____ 3 mornings (M-W-F) _____ 5 mornings (M-T-W-Th-F)

Middle Group (3 by Sept 1) _____ 5 mornings (8:30-11:30am); plus (optional) _____ 2 extended days (T & Th, 11:30am-2:30pm)

Oldest Group (4 by Sept 1) _____ 5 mornings (8:30-11:30am); plus (optional) _____ 2 extended days (T & Th, 11:30am-2:30pm)

Parent(s) / Guardian(s):

Name _____ Occupation _____

Employer _____ Telephone _____ Email _____

Name _____ Occupation _____

Employer _____ Telephone _____ Email _____

Please give name, gender and date of birth or due date for siblings. Have any attended this school?

How did you learn about the Child Study Center? _____

Are you affiliated with Wellesley College? _____

We have found that the child's experience is best when the parents' expectations are aligned with the program philosophy. Therefore, we collect background information on your child and your goals for her/his education. This part of the application is also an initial opportunity for us to get to know you and your child. At this school we try to create an enrollment that represents the full spectrum of diversity both for research purposes and for the benefit of children. Please answer these questions to the best of your knowledge.

Has your child had any previous school or play-group experience? Please give age, schedule, program name and a brief description. Were you pleased with this experience?

If this child is adopted, at what age was s/he adopted and from where?

Does your child have any physical handicap (e.g., vision, hearing, heart)?

Does your child have any allergies? Please describe.

Please specify any languages other than English that are spoken in your home and describe your child's proficiency with that language.

What philosophy of education are you looking for in a preschool?

Parents send children to preschool for a variety of reasons. Please list your priorities.

What are your goals for the coming school year?

What are your long term educational goals for your child?

The Child Study Center endeavors to create a diverse community on as many dimensions as possible. How do you see your family in terms of the diversity that you would bring to the CSC?

PLEASE ENCLOSE A \$100 NON-REFUNDABLE APPLICATION FEE PAYABLE TO WELLESLEY COLLEGE. THIS APPLICATION IS NOT COMPLETE UNTIL A PARENTAL VISIT HAS BEEN MADE TO THE SCHOOL. THE DEADLINE FOR VISITS AND SUBMITTING APPLICATIONS IS JANUARY 15TH. NOTIFICATIONS OF DECISIONS WILL BE MAILED AFTER FEBRUARY 15TH.