umlogo.png

**Center for Young Children**

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 $50.00 application fee**, your child will be placed on our waiting list. This fee **must be paid by card or electronic check** using the link for “Bill Payment” from our website’s homepage.  **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*

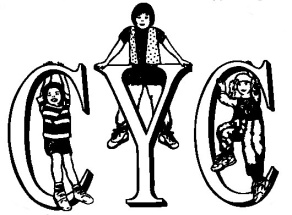
*loppenhe@umd.edu*

Jennifer Haislip

*Program Administrative Specialist*

(301) 405-3168

jhaislip@umd.edu

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**Center for Young Children Preschool/Kindergarten Application**

**Bldg. 381, 4028 Valley Drive, College Park, MD 20742 \* 301.405.3168 \* www.education.edu.umd/CYC**

**Child Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Gender: M F Current Age: \_\_\_\_\_\_\_\_\_\_\_

Program Preference: Part-Time (8:30-12:30) Full-Time

**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/Guardian Information | |
| Parent/Guardian 1 | **Parent/Guardian 2** |
| Name: | Name: |
| Relationship to Child: | Relationship to Child: |
| Home Address: | Home Address: |
| Home Phone# | Home Phone# |
| Employer:  Work Phone# | Employer:  Work Phone# |
| Cell Phone# | Cell Phone# |
| E-mail: | E-mail: |
| Affiliation:  Faculty  Staff   Non-Affiliate  Dept. and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Undergrad Student  Grad Student  If Student, anticipated graduation date: \_\_\_\_\_\_\_\_\_\_\_ | Affiliation:  Faculty  Staff  Non-Affiliate  Dept. and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Undergrad Student  Grad Student  If Student, anticipated graduation date: \_\_\_\_\_\_\_\_\_\_\_ |

**Family Information**

Please Circle One

**Family Status:** Married Single Divorced Separated Widowed Other (Explain Below)

If divorced who has custody? \_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Acknowledgement (CYC application, p.2)**

*Please sign and date before submission.*

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 **$50.00 one-time application fee** I am submitting with this application is **non-refundable,** and assures my child a place on the waitlist provided he/she has not surpassed age eligibility for the CYC. I understand that I may be asked to provide a copy of my child’s birth certificate as proof of age. **I understand that completing the application process does not guarantee a space for my child in the Center.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name** (Please Print) **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Parent Signature***