



Rev. 08/02

LABORATORY SCHOOL APPLICATION FORM



Capital Community College

Mail form to:
CCC, Lab School Director,
950 Main Street, Hartford, CT 06103

This application represents a request for admission to The Laboratory School, an on-campus Preschool and Child Care program. Children of the CCC students and faculty will be enrolled; where there are openings "Friends of the Laboratory School" may apply for admission. Upon receipt of this form to the office of the Director of the School, information concerning enrollment will be forwarded.

1. Name of Child _____
(Last) (First) (Middle)

2. Program in which parent is enrolled _____

3. Child's date of birth _____ Place of birth _____

4. Student's home address _____

Telephone _____

Emergency Contact _____

(name)

(telephone)

(address)

5. School previously attended by child _____

6. Mother's name (or Guardian's name) _____

Mother's home address _____ Telephone: (H) _____

Mother's work address _____ Telephone: (W) _____

7. Father's name (or Guardian's name) _____

Father's home address _____ Telephone: (H) _____

Father's work address _____ Telephone: (W) _____

8. Child's Physician _____ Telephone _____

(name)

9. Circle one: CCC Student CCC Faculty Friend of Laboratory School

10. I give the school permission to take my child on any and all field trips with notification prior to each field trip. _____

(initial)

11. I understand that I am responsible for the tuition which is payable weekly, bi-weekly, or monthly (Please circle the way in which tuition is to be paid). I understand further that tuition will be paid in the Business Office, in advance.

Signature of Parent

Date