

**APPLICATION FOR ADMISSION**

**Child Applicants Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

*Are you applying for more than one child? Please fill in a second application form..*

Date of Birth: \_\_\_\_\_

Male

Female

**Please fill in the information below:**

\_\_\_\_\_  
First parent's name

\_\_\_\_\_  
Second parent's name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation/Job Title

\_\_\_\_\_  
Occupation/Job Title

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

Brothers/Sisters (name & ages) \_\_\_\_\_

Previous School or Child Care Experience \_\_\_\_\_

Referred by \_\_\_\_\_

Are you a member of the Lasell University Community (Staff, faculty, etc?)

YES

NO

Desired # of days: 5 – 4 – 3, and days preferred: M T W Th F

Starting date desired:  As soon as possible

Next September

**A non-refundable fee of \$30 payable to Lasell University** is due with this application.

Please return this application along with your check to:

**HOLWAY EARLY CHILDHOOD CENTERS  
LASELL UNIVERSITY  
1844 COMMONWEALTH AVENUE  
NEWTON, MA 02466**

HECC OFFICE USE ONLY

Date Rcv'd \_\_\_\_\_

Application Fee: \_\_\_\_\_

Check # \_\_\_\_\_

Conf Ltr: \_\_\_\_\_