

## APPLICATION FOR ADMISSION

Please submit completed form with \$50 non-refundable application fee. Make checks payable to:  
American University Child Development Center.

Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female

**Child**

Primary Residence (*please check all that apply*)  Parent/Guardian 1  
 Parent/Guardian 2  
 Other

Eligibility date (date child turns 2 ½, if they are not already): \_\_\_\_\_

**Parent/Guardian 1**

- Undergraduate Student
  - full time  part time
- Graduate Student
  - full time  part time
- Faculty/Staff
  - full time  part time
- Alumni
- Wesley Seminary
- Non-AU

Name \_\_\_\_\_

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

Campus Address (*if applicable*) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred Phone (*please check one*)  Home  Work  Cell ( text capable)

Email \_\_\_\_\_

**Parent/Guardian 2**

- Undergraduate Student
  - full time  part time
- Graduate Student
  - full time  part time
- Faculty/Staff
  - full time  part time
- Alumni
- Wesley Seminary
- Non-AU

Name \_\_\_\_\_

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

Campus Address (*if applicable*) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred Phone (*please check one*)  Home  Work  Cell ( text capable)

Email \_\_\_\_\_

**I/We, the undersigned, agree to the conditions of enrollment as stated in the *Admission and Enrollment Information Bulletin*.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CDC USE ONLY**

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Check # \_\_\_\_\_