

APPLICATION FOR ADMISSION

Please submit completed form with \$50 non-refundable application fee. Make checks payable to:

American University Child Development Center.

<u>Child</u>	Full Name		
	Birth Date		Male Female
	Primary Residence (please check all t		☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Other
	Eligibility date (date child turns 2 ½, if they are not already):		
	- '		
Parent/Guardian 1 O Undergraduate Student O full time Opart time O Graduate Student O full time Opart time Faculty/Staff O full time Opart time O Alumni	Name Home Address		
	Campus Address (if applicable)		
	Home #Work #		
	Preferred Phone (<i>please check one</i>) Email	O Home O \	Work ○ Cell (□ text capable)
Wesley Seminary Non-AU			
Devent/Cuevdien 2			
Parent/Guardian 2 Undergraduate Student	Name		
O full time Opart time O Graduate Student O full time Opart time O Faculty/Staff	Home Address		
	Campus Address (if applicable)		
	Home #Work #		
O full time Opart time	Preferred Phone (please check one)	O Home O \	Work ○ Cell (□ text capable)
Alumni Waslay Saminany	Email		
Wesley SeminaryNon-AU			
I/We, the undersigned, ag Information Bulletin.	ree to the conditions of enrollment as	s stated in the	Admission and Enrollment
Name	Signature		Date
	Signature		
FOR CDC USE ONLY			
	Date received:		Check #