

Phyllis Bodel Childcare Center at Yale School of Medicine, Inc.

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Email: phyllisbodel@gmail.com

Application Form

A non-refundable processing fee of \$37.00 is due with this application form.

Please complete both sides of this form.

If you are filling out this application before the birth of your child, you *must* call us *after* the birth of your child. Only completed applications will be considered for enrollment. Thank you.

Today's Date: _____

Child's Name: _____

Sex: _____

Address: _____

Phone: _____

Date of Birth or Expected Date of Birth: _____

Starting date: _____

1st Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 1

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNHH House Staff

Other Yale Affiliation

- (describe) _____

2nd Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 2

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNHH House Staff

Other Yale Affiliation

- (describe) _____

Enrollment of children in the Program involves a consideration of the date of application and the age of the child.

Providing an appropriate representation of ages within the Center is essential for promoting individualized childcare.

Full Time: _____ Scholarship _____

Part Time: M _____ T _____ W _____ Th _____ F _____ Grant _____

***Processing fee received:**

CK # _____ Cash _____

****This portion to be completed by Phyllis Bodel staff***