



St. Charles Children's Learning Center

at the College of Southern Maryland



Application Form

PLEASE INDICATE: CSM Student CSM Staff/Faculty Community

Date of Application: _____ Enrollment Date Desired: _____

Child's Name: _____ Birth Date (mm/dd/yy): _____

Parent(s) Name(s): _____

Home Address: _____

Home Telephone: () _____ Work Telephone: () _____

E-mail Address: _____ Student ID: (if applicable) _____

PLEASE INDICATE CHILD'S AGE GROUP:

- Infant/Toddler** - ages 8 weeks to 24 months
Weekly Only
- Two Year Old** – ages 2 to 3 years
Weekly, Daily, Block — Morning or Afternoon
- Preschool** - ages 3 to 5 years
Weekly, Daily, Block — Morning or Afternoon
- Before & After School** - Kindergarten through 6th Grade
Weekly, Daily — Before & After, Before Only, After Only

PLEASE SELECT ENROLLMENT NEEDS:

- Full Week (Monday through Friday)
- Daily
Please indicate the days: Monday Tuesday Wednesday Thursday Friday
- Morning Block
Please indicate the days: Monday Tuesday Wednesday Thursday Friday
- Afternoon Block
Please indicate the days: Monday Tuesday Wednesday Thursday Friday

PLEASE NOTE:

- o Blocks are Morning (6:30 a.m. – 12:00 p.m.) or Afternoon (12:00 – 6:00 p.m.)
- o Minimum enrollment is for two days or two blocks per week

HOW DID YOU HEAR ABOUT US?

- Mailer Newspaper Online Referral



PLEASE MAIL APPLICATION TO:

College of Southern Maryland
St. Charles Children's Learning Center
8730 Mitchell Road
P.O. Box 910
La Plata, MD 20646-0910

Phone: 301-934-7871
Fax: 301-934-7872
E-mail: CLC@csmd.edu

For more information visit: www.csmd.edu/clc.