

University of Southern Mississippi Center for Child Development

Date Rec'd _____
Receipt # _____



APPLICATION FOR ENROLLMENT

Date of Application _____

Name of Child _____

Date of Birth/Due Date _____ Sex _____ Ethnic Group (optional) _____

Indicate any special needs the child might have: _____

Name of Parent/Parents _____

Address _____
Street City State/Zip Code

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

E-Mail Address (optional) _____

Please Check One: USM Student* USM Staff USM Faculty
 Other

*Students, please check here if you receive Financial Aid _____

Return completed application to: USM Center for Child Development
118 College Drive, #10012
Hattiesburg, MS 39406-0001

Center's phone # is (601) 266-5294