Half Day Preschool Application Form

Children ages 3-5

Date of application: ______________________ Desired Start Date: ______________________

Child’s Name: _________________________ Date of Birth: ______________________

Sex: ______ Phone Number(s): H_____________ C_____________ W_____________

Parent’s Name(s): ______________________________________________________________

Address: ____________________________________________________________ City: __________ State: ______ Zip: ______

Email address: ______________________________________________________________

ODU Affiliation?  Full Time Faculty Staff_______ Full Time Student_______
UIN# __________________ Community Member ____________

Registration for Fall Semester (September) entrance will begin on February 1st. Spaces for half day preschool will be filled in the following order:
1. Sibling of child currently in our program
2. Current ODU Full-time faculty or staff
3. ODU student or alumni
4. Community member

Registration for the Spring Semester (January) entrance will begin the last week of November. Spaces for the spring semester are limited, if available, and will be filled in the following order:
1. Children currently enrolled in the half day preschool class during “currently enrolled” registration
2. Sibling of child currently in our program
3. Current ODU Full-time faculty or staff
4. ODU student or alumni
5. Community member

Office Use only: Date received: ___________ CCM: ___________

Contact with applicant:

ODU Children’s Learning and Resource Center, 139 Child Study Center, Norfolk, VA 23529
(757) 683-4987 / (757)683-5593 FAX