

The Little School at Duke

APPLICATION FOR ENROLLMENT

The Little School at Duke is a childcare facility provided exclusively for Duke faculty, staff and employees who are benefit eligible.

Application Date _____ Projected Date of Enrollment _____

Duke Unique ID _____

Child's name _____

Preferred name _____

Date of Birth _____ Current age _____

Gender: _____ male _____ female

PARENT/GUARDIAN INFORMATION

Duke Parent/Guardian's name: _____

Home phone: _____

Relationship to child: _____

Address: _____

Duke Department: _____

Duke Day phone: () _____

Cell/pager: () _____

Duke Email: _____ Duke Unique ID: _____

Please select one:

Duke Faculty Duke Staff Post Doctorate Grad Student

Please select one:

Duke University Duke Medical Center Duke Hospital Health System*

*Includes Duke Raleigh, Durham Regional, DHCH, DHTS, PRMO or any Health System entity other than Duke Hospital

Other Parent/Guardian's name: _____ Home phone: () _____

Relationship to child: _____

Address: _____

Occupation/Employer: _____ / _____

Day phone: () _____

Cell/pager: () _____

Email: _____

CHILD INFORMATION

Siblings: Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Previous Group/School Experiences:

Each child in our school brings qualities that contribute to the strength of our community. Please describe your child's unique qualities.

What do you consider your child's challenges? _____

What other information would be important for us to know in order to best meet your child's needs? (favorites, eating and sleeping habits, special fears, talents and interests for example)

Are you interested in full time or part-time? _____

Part-time options: _____ Mon/Tues/Wed _____ Thu/Fri

Generally, what hours do you anticipate your child will be in attendance on a daily basis?

Once this application is submitted, eligibility will be verified and then you will be contacted as to whether we have an opening or you will be on the wait list.