



Connecticut College Child Development Lab School



School Year Registration

Name _____ DOB _____ M F

Parent/Guardian Name _____

email _____ phone _____

Parent/Guardian Name _____

email _____ phone _____

Schedule you wish your child to attend school and/or Camel Care

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Camel Care AM (7:30-9)					
9-1					
9-3					
Camel Care PM (3-4:30 or 3-5)					

Allergies or other health concerns:

Emergency Contacts and Authorized Pickups:

Name _____

email _____ phone _____

Name _____

email _____ phone _____

Name _____

email _____ phone _____