

Phyllis Bodel Childcare Center at Yale School of Medicine, Inc.

367 Cedar St, New Haven, CT 06510

203-785-3829 / Fax 203-785-3827

Email: phyllisbodel@gmail.com

Application Form

A non-refundable processing fee of \$37.00 is due with this application form.

If you are filling out this application before the birth of your child, you *must* call us *after* the birth of your child. Only completed applications will be considered for enrollment. Thank you.

Today's Date: _____

Child's Name: _____

Sex: _____

Address: _____

Phone: _____

Date of Birth or Expected Date of Birth: _____

Preferred Starting date: _____

1st Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 1

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNH House Staff

Other Yale Affiliation

(describe) _____

2nd Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 2

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNH House Staff

Other Yale Affiliation

(describe) _____

Enrollment of children in the Program involves a consideration of the date of application and the age of the child.

Full Time: _____

Part Time: M _____ T _____ W _____ Th _____ F _____

****Processing fee received:***

CK # _____ Cash _____

****This portion to be completed by Phyllis Bodel staff***

Demographic Questionnaire (Optional)

Parent A:

Yale Affiliation:

- Affiliated with a department/college other than Yale School of Medicine
- Professor
- Assoc. Professor with Tenure
- Assoc. Professor
- Asst. Professor
- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Voluntary Faculty
- YNHH House Staff
- Not affiliated with Yale

1. Ethnicity: Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

- Mexican
- Puerto Rican
- Chicano/a
- Mexican American
- Cuban
- Unknown
- Another Hispanic, Latino/a, or Spanish Origin (explain) _____
- Not of Hispanic, Latino/a, or Spanish origin
- Would prefer not to answer

2. Race: What is your race? (One or more categories may be selected)

- Native American or Alaska Native
- Black or African American
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian _____
- White
- Native Hawaiian
- Samoan
- Guamanian/Chamorro
- Other Pacific Islander _____
- Other Race _____
- Would prefer not to answer

Parent B:

____ NA

Yale Affiliation:

____ Affiliated with a department/college other than Yale School of Medicine

____ Professor

____ Assoc. Professor with Tenure

____ Assoc. Professor

____ Asst. Professor

____ Research Faculty

____ Instructor/Lecturer

____ Postdoctoral Fellow/Associate

____ Student

____ Voluntary Faculty

____ YNHH House Staff

____ Not affiliated with Yale

1. Ethnicity: Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

____ Mexican

____ Puerto Rican

____ Chicano/a

____ Mexican American

____ Cuban

____ Unknown

____ Another Hispanic, Latino/a, or Spanish Origin (explain) _____

____ Not of Hispanic, Latino/a, or Spanish origin ____ Would prefer not to answer

2. Race: What is your race? (One or more categories may be selected)

____ Native American or Alaska Native

____ Black or African American

____ Asian Indian

____ Chinese

____ Filipino

____ Japanese

____ Korean

____ Vietnamese

____ Other Asian _____

____ White

____ Native Hawaiian

____ Samoan

____ Guamanian/Chamorro

____ Other Pacific Islander _____

____ Other Race _____ ____ Would prefer not to answer