

**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](mailto:phyllisbodel@gmail.com)

**Application Form**

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

Payment may be mailed or dropped off to the address above, or you can ask us to send you a PayPal request. If dropping off cash, please note that we do not have change. If paying by check, please make it out to "Phyllis Bodel Childcare Center". 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:** \_\_\_\_\_

**1<sup>st</sup> 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  
☐ YNHH House Staff

**Other Yale Affiliation**

☐ (describe) \_\_\_\_\_

**2<sup>nd</sup> 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  
☐ YNHH 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