

For Center use only: Received _____ Initial _____ Notes _____
 App Fee _____ Called _____ Response _____ Letter _____ Deposit _____



Nathan E. Miles Early Childhood Development Center
 91 Wentworth Street, College of Charleston
 Charleston, SC 29424
 (843) 953-5606; (843) 953-5608 fax

N.E. MILES APPLICATION FOR ENROLLMENT

Application Date _____ Child Birth Date _____

Child Last Name _____ First Name _____

Parent #1 Last Name _____ First Name _____

Parent #2 Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone #1 _____ Phone #2 _____

Preferred Schedule _____

The Miles ECDC provides priority enrollment to siblings of currently enrolled children and children who live with a family member who is a *current full-time employee or registered student (9+ credit hours), on a first-come, first-served basis.* We do not have any kind of quota system or decline enrollment to children with special needs. If space is

Affiliations: (Check all that apply and provide requested information)

C of C Faculty _____ Department _____

C of C Staff/Administration _____ Office _____

C of C Student _____ Major Field of Study _____ Year (F S J S Grad) _____

Other _____

****Please mail, drop off or fax this form to the ECDC office and mail or drop off a check or money order (NO CASH) for \$10.00 payable to the College of Charleston. This form will not be activated without receipt of application fee. NO applications will be taken over the phone or via email. Enrollments are done each spring for the beginning of the fall academic term. September 1 is the cut-off birth date for class age groups (2's, 3's, 4's, 5's)**