STUDENT APPLICATION   **Semester**_____

Child Development Labs, 6 Alethia Drive, Unit 1117, Storrs, CT   06269
Phone: 860-486-4490   Fax: 860-486-5278

NAME_____   What is your major?_____

E-mail Address_____   What semester are you in?_____

Phone # _____   Work Study _____   Student Labor _____

Have you completed fingerprinting in the Connecticut BCIS system? _____yes _____no _____unsure

If there are no classroom positions, are you interested in the possibility of office work? ____yes ____no

What is the maximum number of hours you will commit to working each week?_____

Do you have Infant/Child CPR and first aid training? _____
(Please attach copy of both sides of your certification card)

Do you have any special interests that you would be willing to share? (Dancing, gymnastics, music etc) _____yes _____no
Are you interested in being included on a "Child Care Call List" for families needing care on nights, weekends, holidays?____yes___no

PLEASE ATTACH YOUR PRINTED COURSE SCHEDULE FROM PEOPLESOFT
Applications will be incomplete without your Peoplesoft schedule and will not be considered for a position.

Scheduling is based upon classroom needs. If your schedule changes, notify me as soon as possible. You can reach me at marianne.legassey@uconn.edu or (860) 486-4490.
If selected, you will receive your work schedule via e-mail.
You will only be scheduled for a portion of the times you are free.

Please fill in your available hours from your PeopleSoft schedule

Monday	Tuesday	Wednesday	Thursday	Friday
				If you do not have classes on Friday, you may be scheduled for work

YOUR AVAILABLE HOURS WILL BE
DETERMINED FROM YOUR PEOPLESOFT SCHEDULE

Please provide the name and contact information of 2 references:

1._____   2._____

New applicants: Briefly describe your experiences with young children ages 6 weeks through 5yrs of age.
(please use back of page)

2022 FALL APPLICATION.doc