



COLLEGE of
CHARLESTON

N.E. MILES ECDC

91 Wentworth Street
Charleston, SC 29401

APPLICATION FOR ENROLLMENT

Application Date _____ Desired Enrollment Date _____ ☐ Full-time; ☐ Part-time: M-F half days

Child Information:

Full Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Siblings enrolled in program? _____

Ethnicity: (check ALL that apply) ☐ Caucasian ☐ African-American ☐ Hispanic/Latino ☐ Asian
☐ Native American ☐ Pacific Islander ☐ Other Home Language(s): _____

Special Health or Learning Needs: _____

Parent/Guardian Information:

Parent #1 Name _____ Parent #2 Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone #1 _____ Phone #2 _____

Email address(es): _____

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

- ☐ C of C Faculty Department _____
☐ CofC Staff/Administration Office _____
☐ CofC Full-time Student Expected graduation Date: _____
☐ Memminger Faculty or Staff _____
☐ CofC Alumnus Year graduated _____

ECDC is open to the public, but prioritizes meeting the needs of full-time staff, faculty, and students at the College of Charleston. Siblings of currently enrolled children are given first priority. We structure class groups to support appropriate diversity, gender distribution, and accommodation for children with special needs. A child may be placed on the waiting list at birth, and children are placed on the waiting list by date of application.

****Please return to the ECDC office with a \$20.00 check or money order (NO CASH) payable to the College of Charleston or pay online using [MarketPlace](#). (Application fee is waived for current full-time CofC students). This form will not be activated without receipt of application fee. Enrollment offers are made 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, Kdg)**