

# Bowdoin College

## APPLICATION FOR ENROLLMENT OF BOWDOIN COLLEGE EMPLOYEES

Date of Application \_\_\_\_\_

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
mo. day yr.

Parent or guardian \_\_\_\_\_ HomePhone \_\_\_\_\_

\_\_\_\_\_  
Parent or guardian \_\_\_\_\_ HomePhone \_\_\_\_\_

Email Address