Nancy W. Darden Child Development Center

Initial Application

We are pleased that you are interested in enrolling your child in the Nancy W. Darden Child Development Center (NDCDC). This center is located on ECU’s East Campus in the Rivers Building open daily from 8am-5:30 pm. year round accepting children ages 3 months to 5 years.

The NDCDC is a small inclusive early childhood education program in the Department of Human Development and Family Science (HDFS). Its goal is to provide high quality early education and care for young children while serving as a model-training center for students majoring in Birth through Kindergarten Teacher Education, Child Life, or Family & Community Services. The NDCDC also serves as a research site for ECU students and faculty. The NDCDC holds a five star childcare license issued by the Division of Child Development, North Carolina Department of Health and Human Services and is fully accredited by the National Association for the Education of Young Children (NAEYC).

Children are encouraged to become competent, independent thinkers, and problem solvers in a curriculum rich environment in play, social interactions, and language. The Creative Curriculum and High Scope Curriculum has been adopted for use in all classrooms. The NDCDC’s overall program follows the Developmentally Appropriate Practice guidelines established by the NAEYC. The program’s theoretical orientation and educational application is eclectic, borrowing from the child development theories of Erikson, Piaget, and Vygotsky.

Any parent who wishes to enroll a child may apply for admission to the NDCDC anytime during the year. A child may be placed on a waiting list if there are no vacancies at the time of application.

Contact Information:
Nancy W. Darden Child Development Center
169A Rivers Building
East Carolina University
Greenville, NC 27858-4353
Melissa Nolan, Director: (252) 328-6926
nolanm14@ecu.edu
Nancy W. Darden Child Development Center
Initial Application

Name of Child _____________________________ Birthdate __________________
Address ____________________________________________________________ Gender M F
City/State/Zip Code __________________________________________________
Race/Ethnicity ______________________________________________________

Family Information

Father/Guardian ______________________________________________________
Home Phone ______________ Cell ______________
Address ____________________________________________________________ Zip Code ______________
Employer __________________________________ Business Phone _____________
Email _____________________________________________________________

Mother/Guardian ______________________________________________________
Home Phone ______________ Cell ______________
Address ____________________________________________________________ Zip Code ______________
Employer __________________________________ Business Phone ______________
Email: _____________________________________________________________

Do you currently have a child in NDCDC? Yes _________ No ______
Have any other children in your family attended the NDCDC? If yes, name of children and dates of attendance

____________________________________________________________________________________

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**Child Information**

Describe your child’s previous experience in preschool or child care. Where? How long did he/she attend? Describe his or her adjustment to that environment?

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Why would you like to have your child at NDCDC?

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____________________________________________________________________________________

Describe any special needs you child may have:

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Is there any other information you would like to share regarding your child?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
______________________________________________

If not selected for admission at this time, would you like your child placed on a waiting list?

Yes_______       No_______

Parent/Guardian Signature

________________________________________________________________________

Date __________________________