

SMITHSONIAN EARLY ENRICHMENT CENTER

Initial Enrollment Application

[Pay \\$50 Initial Enrollment Application Fee Here](#)

Financial Aid available

APPLICATIONS DUE BY MARCH 1st

Child's Name _____ Birth/Due Date _____

Mailing Address _____ Phone No. _____

(City) (State)
(Zip)

PARENT/GUARDIAN INFORMATION

Name _____ Name _____

Employer _____ Employer _____

___SI ___SI Affiliate ___Federal ___Other ___SI ___SI Affiliate ___Federal ___Other

Phone(W) _____ (H/C) _____ Phone(W) _____ (H/C) _____

Email _____ Email _____

Please note: SI category includes SI federal & trust employees; SI affiliates include post-docs, fellows and affiliated organizations.

FAMILY INFORMATION (Optional)

Child's sex: _____ Languages spoken at home: _____

Race/Ethnicity): ___ White ___ Black or African American
___ Asian ___ American Indian or Alaska Native
___ Hispanic or Latino ___ Native Hawaiian or Pacific Islander
___ Other _____

How did you learn about SEEC? _____

INFANT ONLY (Check Preference) ___ Early Fall Start Date (Sept) ___ Late Fall Start Date (Oct/Nov)
[Infants must be born before 8/31 of the current year for eligibility in SEEC's enrollment lottery.]

Parent/Guardian signature

SEEC Director's Signature

Application does not guarantee admission to the program. All application fees are non refundable.
Smithsonian Early Enrichment Center does not discriminate on the basis of race, religion, gender, or national origin.

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