



California State University, Stanislaus
CHILD DEVELOPMENT CENTER
A Laboratory Preschool



One University Circle • Turlock, CA 95382 • (209) 667-3036
Infant License: 500321740 • Preschool License: 500317738

Dear Parent:

Thank you for your inquiry regarding the CSU Stanislaus, Child Development Center. The Center offers instructional programs for infants, toddlers, and preschoolers. Children may be enrolled in more than one session when space is available.

Program ages are scheduled as follows:

Infant serves children ages 2 months to 2 years.

Toddler serves children ages 2 years to 3 ½ years.

Preschool serves children ages 3 ½ to 5 years.

Sessions are scheduled as follows:

Monday, Wednesday, Friday Morning
From 8:15 am until 11:15 pm

Tuesday, Thursday Morning
From 8:15 am until 11:15 pm

Monday, Wednesday, Friday Afternoon
From 1:00 pm until 4:00 pm

Tuesday, Thursday Afternoon
From 1:00 pm until 4:00 pm

* Early Morning Care is available from 7:45 am until 8:15 am for an additional cost

* Lunch Bunch session is provided for children enrolled in AM and PM during the times of 11:15-1:00.

Procedure: To be considered for enrollment, please return the enclosed waitlist registration application to the Child Development Center. Applications will be placed on the waiting list according to the date received at the CDC. You will be contacted by phone and/or mail when an opening becomes available. Please don't hesitate to contact us at 209-667-3036 or email CDC@csustan.edu to inquire about the receipt of your application or your enrollment status. Contact the CDC administration for pricing and further enrollment information.

Again, thank you for your interest in our program.

Sincerely,

Stephani Smith

Stephani Smith, M.S.
Director, Child Development Center



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Waitlist - Registration Application

Applying For: Fall _____ Spring _____ 20_____ Date Received _____

Child's Name _____ Male _____ Female _____

Child's Nickname _____ Date of Birth _____ / _____ / _____

Parent/Guardian Name _____ Home Phone _____
 (Father ___ Mother ___ Other _____)

Parent's Address _____ Cell Phone _____

Parent's Employment _____ Work Phone _____

Parents Contact email addresses _____

Parent/Guardian Name _____ Home Phone _____
 (Father ___ Mother ___ Other _____)

Parent's Address _____ Cell Phone _____

Parent's Employment _____ Work Phone _____

Parents Contact email addresses _____

Is either parent: A CSU, Stanislaus faculty/staff member? (Y)___ (N)___ A CSU, Stanislaus student?* (Y)___ (N)___

*If a CSU, Stanislaus student, please complete the following information:

<u>Student-Parent Name(s)</u>	<u>Student Identification #</u>	<u>Enrolled Units</u>
_____	_____	_____
_____	_____	_____

As a student, if you withdraw from enrollment at CSU Stanislaus, please notify us immediately.

How did you hear about the Child Development Center? Referred by: _____ Radio Ad ___ Newspaper Ad ___
 Flyer ___ Event ___ Internet search ___ Website ___ Other ___ (Explain) _____

Session(s) Requests: Mark the session(s) below that you would prefer to enroll your child in.
 Please mark flexible if open to session other than your preferred, if available.

Check your child's age group: **Infant** (2 months to 2 years) **Toddler** (2 to 3 ½ years) **Preschool** (3 ½ to 5 years)

Sessions:

Early Morning Care: 7:45am-8:15am MWF EMC TTH EMC

AM 8:15a.m.-11:15p.m. MWF AM TTH AM

PM: 1:00p.m.-4:00 p.m. MWF PM TTH PM

Flexible to other available sessions.

Email waitlist application to CDC@CSUSTAN.EDU

“By signing this application I understand submission of this form in no way guarantees my child's enrollment, and that enrollment begins after a registration fee has been collected and the CDC has issued an enrollment packet.”

 Signature of Parent/Legal Guardian

 Signature of Parent/Legal Guardian

For Office Use Only
Notes and Documentation of Conversations for _____
(Child's name)

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____
