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 Stanislaus State, 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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<u>Waitlist - Registration Application</u>

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 Stanislaus State faculty/staff member? (Y)___ (N)___   **A Stanislaus State student?*** (Y)___ (N)___
*If a Stan State student, please complete the following information:

Student-Parent Name(s)	Student Identification #	Enrolled Units
_____	_____	_____
_____	_____	_____

As a student, if you withdraw from enrollment at Stanislaus State, 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) _____

<u>**Session(s) Requests:**</u> 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

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) _____

_____

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