



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

Waitlist - Registration Application

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

Child's Name _____ Male _____ Female _____

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

Child's Mailing Address _____

Child's Home Address _____ Street _____ City _____ Zip _____
 Home Phone _____

Parents Contact email addresses _____

Parent/Guardian Name _____ Home Phone _____

Parent's Address _____ Cell Phone _____

Parent's Employment _____ Work Phone _____

Parent/Guardian Name _____ Home Phone _____

Parent's Address _____ Cell Phone _____

Parent's Employment _____ Work Phone _____

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

*If a Stanislaus State 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 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) _____

Session(s) Requests: mark the session(s) below that you would like to enroll your child in.

Infant/Toddler ages 2 months to 3 years:

Early Morning Care: 7:45am-8:15am _____ MWF _____ TTH
 8:15a.m.-12:15p.m. _____ MWF _____ TTH

Preschool ages 3 to 5 years:

Early Morning Care: 7:45am-8:15a.m. _____ MWF EMC _____ TTH EMC
 AM: 8:15am.-12:15pm. _____ MWF AM _____ TTH AM
 PM: 12:30p.m.-4:30 p.m. _____ MWF PM _____ TTH PM

“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) _____
