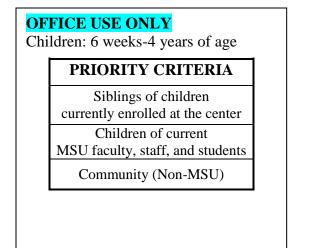
## CHILD DEVELOPMENT AND FAMILY STUDIES CENTER WAITING LIST APPLICATION

When notified of an open enrollment position, you will have two (2) days to accept the offered enrollment. If the position is not accepted, the offer goes to a new applicant!	
Date of Application (Today's Date):	Child's Gender:
Child's Legal Name (with preferred name listed in quotation marks):	
Child's Expected Date of Birth (if unborn):	Child's Birth Date (if already born):
Parent/Guardian Name, Cell Number, Email Address, and Employer:	
Parent/Guardian Name, Cell Number, Email Address, and Employer:	
<ul> <li>Select current MSU affiliation below, then list your MSU netid beside your selection:</li> <li>Faculty</li> <li>Staff</li> <li>Student</li> </ul>	
Is the child completely toilet trained?	
Does the child have any medical needs?	
Special services screenings/evaluations performed on the child: Yes / No	
Does the child have an active Individualized Educational Plan (IEP)? Yes / No	
Does the child have an active Individualized F	Family Service Plan (ISFP)? Yes / No



## **OFFICE USE ONLY**

Date & Time Turned In:

Kindergarten Eligible Year:

Updated 08/30/2023

## **CHILDREN'S HEALTH INFORMATION**

Child's immunizations must be up-to-date, and a copy provided upon enrollment.
Ias your child had previous experiences with childcare?
f yes, please list the center or center below:
Does the child have known allergies?
Does the child have food restrictions?
Does the child have medical conditions/restrictions?
Does the child have speech, hearing or visual issues?
Thild tostad for spaceh, beering, or viewel issues. Ves. ( No.
Child tested for speech, hearing, or visual issues: Yes / No
Ias the child had surgeries?

Does the child have prosthetic devices?