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:		
 Select current MSU affiliation below, then list Faculty Staff Student Bulldog Affiliate 	your MSU netid beside your selection:	
Is the child completely toilet trained? Yes	No	
Does the child have any medical needs?		
Special services screenings/evaluations performed on the child: Yes / No		
Does the child have an active Individualized E	ducational Plan (IEP)? Yes / No	
Does the child have an active Individualized F	amily Service Plan (ISFP)? Yes / No	

OFFICE USE ONLY Children: 6 weeks-4 years of age		
PRIORITY CRITERIA	PTS	
Siblings of children currently enrolled at the	5	
center		
Children of current MSU faculty, staff, and students	3	
Children of Bulldog Affiliate	2	
Community	1	
Total Points:		

OFFICE USE ONLY

Date & Time Turned In:

Kindergarten Eligible Year:

Updated 07/09/2020

CHILDREN'S HEALTH INFORMATION

Child's immunizations must be up-to-date, and a copy provided upon enrollment.
Has your child had previous experiences with childcare? Yes No
If 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?
Child tested for speech, hearing, or visual issues: Yes / No
Child tested for speech, hearing, or visual issues. Tes / No
Has the child had surgeries?
Does the child have prosthetic devices?