

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 your MSU netid beside your selection: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	
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 Family Service Plan (ISFP)? Yes / No	

**OFFICE USE ONLY**

Children: 6 weeks-4 years of age

**PRIORITY CRITERIA**

Siblings of children  
currently enrolled at the center

Children of current  
MSU faculty, staff, and students

Community (Non-MSU)

**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.**

Has your child had previous experiences with childcare?

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

Has the child had surgeries?

Does the child have prosthetic devices?