

**CHILD DEVELOPMENT AND FAMILY STUDIES CENTER**

**WAITING LIST APPLICATION**

**When a position comes available and is offered to you, you will have two (2) days to accept the position for your child or children. After that time, the position will be offered 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 One's Name, Cell Number, Email Address, and Employer: Mother / Father	
Parent Two's Name, Cell Number, Email Address, and Employer: Mother / Father	
Select MSU affiliation below, then list your MSU netid beside your selection: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Bulldog Affiliate	
Is your child completely toilet trained?	
Does your child have any medical needs?	
Has your child ever been screened for special services?	
Does your child have an active IEP or IFSP?	

<b>OFFICE USE ONLY</b>	
<b>Enrollment Selection Criteria Scoring System</b>	
Children: 6 weeks-4 years of age	
<b>PRIORITY CRITERIA</b>	<b>PTS</b>
Siblings of children currently enrolled at the center	5
Children of MSU faculty, staff, and students	3
Children of Bulldog Affiliate	2
Community	1

<b>OFFICE USE ONLY</b>
<b>Date &amp; Time Turned In:</b>
<b>Kindergarten Start Year:</b>
Updated 06/29/2018

**CHILDREN'S HEALTH INFORMATION**

Are your child's immunizations up to date?

(A copy must be provided to the center when child is enrolled.)

Does your child have any known allergies?

Does your child have any food restrictions?

Does your child have any medical conditions?

Does your child have any speech, hearing or visual problems?

Has your child ever been tested for the above?

Has your child ever had any surgeries or do they have any prosthetic limbs etc.?