

## MSU Child Development Laboratories – Initial Application

**Please read before completion:** One Initial Application must be completed and returned with the required non-refundable \$40 fee for each child you wish to place on the waiting list.

To place a child on the Child Development Laboratories (CDL) waiting list print or complete electronically the Initial Application and return with the required fee. The CDL accepts payments in the form of cash, checks, ACH transfer and money orders payable to: Michigan State University. Please send completed applications with payment to: 325 W. Grand River Ave. East Lansing, MI 48823 or return electronically to: cdl@msu.edu.

Children are enrolled based on availability and the following priority:

- Currently enrolled children are allowed to re-enroll first and are placed at the top of the waitlist at all times
- Siblings of currently enrolled children are allowed to enroll second and are placed near the top of the waitlist.
- Children from families who have previously attended the CDL are allowed to enroll third on the waitlist
- New families who have submitted Initial Applications with no previous history with the CDL may enroll if space is available and are offered enrollment based on the date their application was received.
- Children with an IFSP or IEP may be approved for priority enrollment to support the CDL goal of inclusion as related to children with differing abilities and teacher training requirements.

The waiting list is ordered by the priority outlined above and then by the date an Initial Application and fee is received. If an opening becomes available for your child you will be contacted using the information on this application and you are obligated to provide contact information and program selection updates if necessary. You will have 24 hours to reply before the next family is offered the vacancy. If you choose to enroll you will be asked to schedule an enrollment meeting at our office. At that time you may officially enroll by completing an enrollment contract and by providing the appropriate non-refundable down payment. If you decline, you may remain on the waiting list or be removed.

Please take a moment to complete the entire Initial Application and return it with the required fee as noted above. If at any time during the completion of this application you have questions please do not hesitate to contact our Enrollment & Billing Office at cdl@msu.edu or 517-339-6045. Thank you for your interest in the MSU Child Development Laboratories!

**A. Campus Preference:** (Check all that apply)

East Lansing                       Haslett                       Willing to Accept Either

**B. Contact Information:**

Child's Name: \_\_\_\_\_ Preferred Name at School: \_\_\_\_\_

Male               Female              Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)    (City)    (State/Zip)

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Guardian 2 Name: \_\_\_\_\_

Guardian 1 Occupation: \_\_\_\_\_ Guardian 2 Occupation: \_\_\_\_\_

Guardian 1 Employer: \_\_\_\_\_ Guardian 2 Employer: \_\_\_\_\_

C. **Have you had children at the Child Development Laboratories in the past?**  Yes  No  
If so, please list the child/ren's name(s) and year(s) of attendance: \_\_\_\_\_  
\_\_\_\_\_

D. **The Child Development Laboratories values the diversity reflected in our families.**  
Does your child speak English as a primary language?  Yes  No  
If not, what is your child's primary language: \_\_\_\_\_

E. **The Child Development Laboratories welcomes children of all abilities.** In order to plan the best program for your child, please identify any special needs:

<input type="checkbox"/> Large Muscle	<input type="checkbox"/> Hearing
<input type="checkbox"/> Small Muscle	<input type="checkbox"/> Asperger's Syndrome
<input type="checkbox"/> Physical limitations (wheelchair, walker, etc.)	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Feeding	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Epilepsy/Seizure Disorders	<input type="checkbox"/> Learning Disabilities/Delays
<input type="checkbox"/> Allergies, Specify: _____	Specify: _____
<input type="checkbox"/> Chronic Illness, Specify: _____	<input type="checkbox"/> Speech Delay, Specify: _____
<input type="checkbox"/> Cognitive Processing Difficulties	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Autism
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Prader-Willi Syndrome
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Vision
<input type="checkbox"/> Other: _____	

Additional Comments: \_\_\_\_\_

**Have you worked with Early On, established an IEP or IFSP, or are receiving outside services?**  Yes  No  
If yes, which school district and/or outside office? \_\_\_\_\_

F. **Programming Options** Please check the program(s) in which you are interested. (Check all that apply)

<input type="checkbox"/> 18+ Month Full Day Preschool Program (East Lansing only, M-F required, 8-5:30 year round)	<input type="checkbox"/> 36+ Month AM/PM Half Day Preschool Program (Haslett Only, M-Th required, 8:40-11:40 or 1-4)
<input type="checkbox"/> 24+ Month Full Day Preschool Program (East Lansing only, M-F required, 8-5:30 year round)	<input type="checkbox"/> 48+ Month AM/PM Half Day Preschool Program (Haslett Only, M-Th required, 8:40-11:40 or 1-4)
<input type="checkbox"/> 36+ Month Full Day Preschool Program (East Lansing only, M-F required, 8-5:30 year round)	
<input type="checkbox"/> 48+ Month Full Day Preschool Program (East Lansing only, M-F required, 8-5:30 year round)	

Please indicate the month & year you hope to begin in your selected program(s): \_\_\_\_\_

G. **How did you hear about us?** (check all that apply)

<input type="checkbox"/> Friends and Family	<input type="checkbox"/> Newspaper/Magazine
<input type="checkbox"/> Internet	<input type="checkbox"/> Television

H. **Required Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
By signing above, I acknowledge that I understand the required \$40 fee is non-refundable, enrollment is not guaranteed, and I have read and understand the waiting list policy and all applicable MSU CDL policies available in the published Family Handbook (available online at [hdfs.msu.edu/cdl/for-families](https://hdfs.msu.edu/cdl/for-families)). Please call 517-355-1900 with questions before signing and submitting an Initial Application. Thank you!