

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, 7:30-6 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, 7:30-6 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, 7:30-6 year round) | <input type="checkbox"/> Haslett Summer AM/PM Half Day Preschool Program
(Haslett Only, M-Th required, 8:40-11:40 or 1-4, mid May-end of June) |
| <input type="checkbox"/> 48+ Month Full Day Preschool Program
(East Lansing only, M-F required, 7:30-6 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)
 Friends and Family Newspaper/Magazine
 Internet 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). Please call 517-355-1900 with questions before signing and submitting an Initial Application. Thank you!