



PRESCHOOL APPLICATION

Must be 3 years old by September 30 of the academic year applying. Children must be $\underline{\text{toilet trained}}$ by first day of enrollment.

Date of Application		Requested Admission Date	
Child's Name			
Gender:			Present Age
Parent/guardian(s) with	whom the child resides:		
Parent/Guardian Name		Parent/Guardian Name	
Relationship to child:		Relationship to child:	
Email:		Email:	
Address:		Address:	
Home/Cell phone:		Home/Cell phone:	
Work phone:		Work phone:	
Current KSU affiliation	?YesNo	Current KSU affiliation	n? Yes No
Department:		Department:	
Position/title:		Position/title:	
Full time	Part time	Full time	Part time
Circle one:		Circle one:	
UG student Grad student Fa	aculty Staff Visiting Scholar Alumni	UG student Grad student	Faculty Staff Visiting Scholar Alumni
in enrollment. Affiliat	ies currently affiliated tion is verified using the documentation verifying	ne online KSU phone dire	ectory. If not listed,
Child's previous prescho	ool experience		
Are there any special ne	eeds of child (physical h	nealth or development)?	
If yes	s, does your child have a	a current IFSP/IEP?	Yes No
Please include the names	s of other children apply	ying for admission	
Sibling(s) attended/atte	ending the CDC and dates	of attendance:	
Name of sibling	Dates of attendance	Name of sibling	Dates of attendance

The school hours are 7:00a.m. to 5:30p.m. Please write in child's anticipated arrival and departure times (e.g. 8:30-3, 8-5, etc...) in the appropriate column. All children must arrive by **9:30a.m.** each day. If indicating more than one option, it is very helpful to indicate #1, #2, #3 choices. Tues/Thurs (2 day) Mon/Wed/Fri (3 day) Mon thru Fri (5 day) Full Day Half Day (AM Only) No preference/would be interested in anything available: Half day Full day Please indicate your intended payment method: Pay out of pocket ____ KSU payroll deduction ____ Subsidized by county **OPTIONAL:** The Child Development Center encourages applications from families of diverse backgrounds and experiences. The following information is valuable in ensuring a diverse population of children. How do you identify? Mark any that apply. ____ American Indian or Alaskan Native ____ Asian ____ Black or African American Native Hawaiian or other Pacific Islander ____ White ____ Other: ____ Do you identify as Hispanic or Latino? Yes ____ No ____ Language spoken in the home: _____ NOTES: • The CDC has a lengthy waiting list. You are expected to update this application as information provided by you changes. Applications will be kept on file for one academic year only. If not enrolled during your desired academic year, re-application is expected. When a space is available, we will make every attempt to contact you using the information you have provided. If we are unable to reach you due to incorrect contact information, your child's name will be removed from the waiting list. We are unable to give families a timeline for enrollment as openings don't occur often once the school year starts. Factors in making decisions are based on current university affiliation, age of child, siblings enrolled in the program, and date of application. When offered a space at the CDC, families have 5 business days to respond/decide. If after 5 days there is no response, the space will be offered to the next child on the list. • Enrollment decisions are made in February for the following academic year. Parents will be required to meet with teachers, attend any scheduled classroom parent meetings, visit the classroom with the enrolled child, and submit all enrollment paperwork prior to starting school in August. The school follows the university calendar and observes the following holidays/breaks: Labor Day, Fall break (2 days), Parent/teacher conference day (October), Veteran's Day, Thanksgiving (3 days), Winter break (3 weeks), Martin Luther King, Jr birthday, Spring Break (March), Memorial Day, Independence day, Summer break (August - 1 week). We are unable to hold a space for family vacation/sabbatical during other times of the academic year (August-May) and typical payment of fees will be expected. PLEASE RETURN COMPLETED APPLICATION TO: Child Development Center, Attn. Pam Hutchins, Kent State University, PO Box 5190, Kent, OH 44242 or EMAIL to: phutchin@kent.edu Office use only: _ Acknowledgement sent _____ Acceptance sent ____ Date received ___ Date(s) contacted re: acceptance

Notes: