

Father/Guardian Employer: Mother/Guardian Employer:
 Father/Guardian Work Phone: Mother/Guardian Work Phone:
 Father/Guardian E-mail Address: Mother/Guardian E-mail Address:

C. Have you had children at the Child Development Laboratories in the past? Yes No
 If so, when?

D The CDL 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 Laboratory 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,
Specify <input type="text"/> |
| <input type="checkbox"/> Allergies, Specify <input type="text"/> | <input type="checkbox"/> Speech Delay, Specify <input type="text"/> |
| <input type="checkbox"/> Chronic illness, Specify <input type="text"/> | <input type="checkbox"/> Cognitive Processing Difficulties |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Prader-Willi Syndrome | |
| <input type="checkbox"/> Vision | |

If your child has a diagnosis, is there an established Individual Education Plan (IEP)?

YES NO

If yes, which school district?

Please note: Children with IEPs in districts outside of Haslett can only be served at the East Lansing Campus.

F. Please check the program in which you are interested and indicate the year you would like your child to begin participation. _____

- | | | |
|---|---------------------------|---|
| <input type="checkbox"/> Family Infant/Toddler Learning Program | Year <input type="text"/> | Parent and child class that meets 1 to 1.25 hours per week (East Lansing Campus) |
| <input type="checkbox"/> Preschool | Year <input type="text"/> | Parent participation, child attends 4 days a week, morning or afternoon (available at East Lansing & Haslett Campuses)
Please circle preferred time: AM Preschool or PM Preschool |

- Child Care Year Fulltime, year round (East Lansing Campus)
- Summer Program Year Parent participation, morning & full day sessions

G. How did you hear about us?

- ____ Friends and Family ____ Newspaper/Magazine
- ____ Internet ____ Television

H. Parent Signature: _____ **Date:** _____

MSU is an affirmative action/equal opportunity Institution.