

Child Development Lab Center

10309 N. Willow Avenue
 Fresno, CA 93730
 (559) 325-5240

Waitlist Application

Fall Spring Summer

Parent Information

Date of Application: _____

Parent 1 *(Applying parent)*

Resubmit applications each **March to remain on the waitlist.*

First Name: _____	Last Name: _____
Street Address: _____	City: _____ Zip: _____
Home Phone: _____	Student ID# or Ss#: _____
Work Phone: _____	Date of Birth: _____
Email: _____	Relationship to Child: _____
<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> District Employee <input type="checkbox"/> Community

Parent 2 *(Does not have to meet eligibility requirements but must be listed)*

First Name: _____	Last Name: _____
Street Address: _____	City: _____ Zip: _____
Home Phone: _____	Student ID# or Ss#: _____
Work Phone: _____	Date of Birth: _____
Email: _____	Relationship to Child: _____
<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> District Employee <input type="checkbox"/> Community

Child(ren) Information *(List all children to be enrolled)*

First Name	Last Name	Date of Birth	Age	M	F

Please select all programs and sessions you are applying for:

Toddler 19 – 36 months *(Must be 19 months in August to start in fall or 2 years to start in Spring).*

Full day 7:30 a.m. to 5:30 p.m. only

M/T/W/Th/F

M/W/F

T/TH

Preschool 3-5 years old

M/T/W/Th/F

M/W/F

T/TH

AM Session 8:00 a.m. – 12:00 p.m.

Full Day 7:30 a.m. – 5:30 p.m.

If contacted, you will have three (3) business days to respond or we will move on to the next person on the waitlist.

Payment Information:

Financial Aid

Campus Cal-Works

Private Pay

Other

Office Use Only

Date enrolled: _____ Contact Dates: _____