

Date Received \_\_\_\_\_

Date of Admittance \_\_\_\_\_

Age at Admittance \_\_\_\_\_

**FRAMINGHAM STATE UNIVERSITY  
JEANNE M. CANELLI CHILD DEVELOPMENT LAB  
APPLICATION FORM**

Date of application \_\_\_\_\_ Desired entrance date \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Preferred name or nickname of child: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please place a check next to the class and option (if any) you prefer.**

**AM Class (4-6 year olds):**

Meets Monday through Friday, 8:45 a.m. -11:45 a.m.

\_\_\_\_\_ 3 Days (Please specify days \_\_\_\_\_)

\_\_\_\_\_ 4 Days (Please specify days \_\_\_\_\_)

\_\_\_\_\_ 5 Days (M, T, W, TH, F)

**Full Day Option for AM Class:**

\_\_\_\_\_ Thursday afternoon (11:45 a.m. – 2:00 p.m. only) for children eligible for kindergarten in Fall 2017)

**PM Class (2.9-4 year olds):**

Meets Monday, Tuesday, Wednesday, and Friday, 12:30 p.m. – 3:00 p.m.

\_\_\_\_\_ 2 Days (Please specify days \_\_\_\_\_)

\_\_\_\_\_ 3 Days (Please specify days \_\_\_\_\_)

\_\_\_\_\_ 4 Days (M, T, W, F)

**Guardian 1's name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Guardian 2's name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Preferred name or nickname of child:** \_\_\_\_\_

**Place of child's birth:** \_\_\_\_\_

**Names of other children living in the home:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Names of other adults living in the home:**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

**What is your child's ethnicity?** \_\_\_\_\_

**What is the primary language spoken at home?** \_\_\_\_\_

Are there other languages spoken at home? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**Does your child have allergies?** \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

**Has your child had any serious illnesses, accidents, operations, or hospitalizations?**

\_\_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_

**Is your child fully toilet trained?** \_\_\_\_\_ If not, please describe where your child

is in the process. \_\_\_\_\_

\_\_\_\_\_

**Does your child have any physical, social, or learning special needs?** \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

**Does your child have any previous group experiences?** \_\_\_\_\_ Please explain.

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**What are your reasons for sending your child to preschool?** \_\_\_\_\_

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**Please provide any other information you may wish to share about your child.**

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**Who referred you to the Child Development Lab?** \_\_\_\_\_

**Are you a student, alumna, or staff or faculty member at Framingham State University?**

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Proof of FSU affiliation is required. Please list the year of your expected graduation, the degree and year you graduated, or and/department you work on campus.

**Has your child's sibling(s) attended the Child Development Lab and /or Childhood Education Center before?** If so, what year(s)? \_\_\_\_\_

**Person completing this application form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please complete this application form and return it to the following address:

Framingham State University Child Development Lab  
100 State Street, Hemenway Hall 106  
Framingham, MA 01701

Please send a \$100.00 non-refundable deposit (payable by check or money order made out to Framingham State University Child Development Lab) to the address above to hold your child's space. The \$100 will be deducted from the tuition for the school year.

For questions or information, please call (508) 626-4739.

6/2/16 OFFICE USE ONLY: Date Received \_\_\_\_\_ Date of Admittance \_\_\_\_\_