

Must submit \$75.00 non-refundable registration fee with this application

GSU - CHILD DEVELOPMENT CENTER Registration Form

Child's Name:	Preferred Name:	Birthdate:

Contact Information:

c/o (Parent's name):	
Address:	_____
Home and Cell Phone #s:	
E - Mail Address:	

Age:	Sex:	Twin (yes or no):	First Time in Group Care
			_____yes _____no

Has your child's development been approximately "normal"?	
If not, please describe any special needs, allergies, etc.	_____ _____
What prompted you to seek enrollment for your child in the Child Development Center?	_____ _____ _____
Please list the names and birthdates of siblings currently or previously enrolled in the Child Development Center.	_____ _____

Father's/Guardian's Info:

Mother's/Guardian's Info:

Name (first, middle, last):			
Place of Employment:			
Business Address:	_____	_____	_____
Business Phone:			
Current GSU Student or Alumni?			
CDC Alumni?			

I understand this application will place my child on the waiting list only in accordance with the date application received and does not ensure a spot. I also understand that if the GSU Child Development Center tries to contact me and my phone has been disconnected or I am unreachable, my child will be removed from the waiting list. I further understand that this program is utilized by the Child and Family Development Faculty for the training of students majoring in CHFD or Early Childhood Education.

Parent Signature: _____ Date: _____

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