

Waiting List Application

Child's Date of Birth: _____ Date Application Received: _____

Child's Gender: Female _____ Male _____ Ethnicity: _____

Child's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Mother's Name: _____ Cell Phone: (____) _____

Mother's Employer: _____ Occupation: _____

Mother's Email: _____ Work Phone: (____) _____

Father's Name: _____ Cell Phone: (____) _____

Father's Employer: _____ Occupation: _____

Father's Email: _____ Work Phone: (____) _____

Reason(s) for applying to the Child Development Lab program: _____

How did you learn about the Child Development Lab program? _____

Will you use a Department of Human Services tuition subsidy: Yes _____ No _____

W5 DHS rate and more than 4 hours per day is required.

Does your child live with or been identified with a development delay? Yes _____ No _____

If yes, explain _____

If yes, does your child have an: Individual Educational Plan (IEP) _____ Individual Family Service Plan (IFSP) _____

or Not Applicable _____

Does your child reside inside _____ or outside _____ of Stillwater Public School District?

Is your child a sibling to a child that is currently, or has previously attended, the Child Development Lab? _____

If yes, what is the name of the sibling? _____

Enrollment decisions are based upon the application date, and the requirements of a model teacher-preparation classroom, but not limited to, boy/girl ratios, age distributions, and academic/research program needs.

Your child's order on the waiting list is determined by the date on which this office receives the application.

Please return the application to:

Oklahoma State University
Child Development Laboratory
110 Human Sciences West
Stillwater, OK 74078
(405) 744-5730