Waitlist School Application

Dear Parents:

Thank you for your interest in the Child Study Lab (CSL). Enclosed you will find the schedule of classes and age preference for the CSL’s school year.

If you are interested in placing your child on our waitlist, please complete the enclosed application form and return it to the address listed below or email it directly to me. Space is limited, and we fill classes according to the order in which applications are received. We recommend returning your application as soon as possible.

Children who are currently attending the Child Study Lab and their siblings will always be registered first.

You will be contacted during our enrollment period – February-March – of the year you are interested in enrolling your child. If you are still interested at that time, a tour will be scheduled and we will proceed with the registration process. Registration fees are not due until you receive a class confirmation. There is no application fee.

Thank you for considering the CSL.

Sincerely,

Anne S. Kupfer, Director
ASU – Child Study Lab
Department of Psychology
anne.kupfer@asu.edu
480-965-9550

Mail to:
Anne S. Kupfer, Director
Child Study Lab, Enrollment
Department of Psychology
P.O. Box 871104
Arizona State University
Tempe, Arizona 85287-1104
Preschool Schedule & Ages: Year ________________

Please write in the school enrollment year of interest to you. Our school year follows the ASU calendar which begins in August and runs through the first week in May of the following year.

**There is no application fee:** There is a $150 registration fee payable when your child’s enrollment is confirmed.

<table>
<thead>
<tr>
<th>Class</th>
<th>Recommended Age as of 9/01/___</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Toddler</td>
<td>15-22 months</td>
<td>T</td>
<td>1:30-3:00</td>
</tr>
<tr>
<td>Parent/Toddler</td>
<td>23-30 months</td>
<td>Th</td>
<td>1:30-3:00</td>
</tr>
<tr>
<td>Twos/Threes Class Part-Day</td>
<td>2-6 through 3-6</td>
<td>T/Th</td>
<td>9:00 – 11:00</td>
</tr>
<tr>
<td>Twos/Threes Class Extended Day</td>
<td>2-6 through 3-6</td>
<td>T/Th</td>
<td>9:00 – 1:00</td>
</tr>
<tr>
<td>T/Th Multiage Class Part-Day</td>
<td>3-6 through 5-0</td>
<td>T/Th</td>
<td>9:30 – 12:00</td>
</tr>
<tr>
<td>T/Th Multiage Class Extended Day</td>
<td>3-6 through 5-0</td>
<td>T/Th</td>
<td>9:30 – 1:30</td>
</tr>
<tr>
<td>MWF Threes Class (with/Music Together*) Part-Day</td>
<td>3-0 through 3-11</td>
<td>M/W/F</td>
<td>9:00 – 11:30</td>
</tr>
<tr>
<td>MWF Threes Class Extended Day*</td>
<td>3-0 through 3-11</td>
<td>M/W/F</td>
<td>9:00 – 1:00</td>
</tr>
<tr>
<td>MWF Threes Class Full Day*</td>
<td>3-0 through 3-11</td>
<td>M/W/F</td>
<td>9:00 – 3:00</td>
</tr>
<tr>
<td>MWF Multi-age Class (w/Music Together*) Part-Day</td>
<td>3-8 through 5-0</td>
<td>M/W/F</td>
<td>9:30 – 12:00</td>
</tr>
<tr>
<td>MWF Multi-age Class Extended-Day*</td>
<td>3-8 through 5-0</td>
<td>M/W/F</td>
<td>9:30 – 1:30</td>
</tr>
<tr>
<td>MWF Multi-age Class Full-Day*</td>
<td>3-8 through 5-0</td>
<td>M/W/F</td>
<td>9:30 – 3:30</td>
</tr>
<tr>
<td>Pre-K Class (w/Music Together) Part-Day</td>
<td>4-0 through 5-0</td>
<td>M/T/W/Th</td>
<td>12:30 – 3:30</td>
</tr>
<tr>
<td>Pre-K Class Extended-Week*</td>
<td>4-0 through 5-0</td>
<td>M/T/W/Th/F</td>
<td>12:30 – 3:30</td>
</tr>
<tr>
<td>Pre-K Class 3 Full-Days; MWF 2 Part-Day; T/Th*</td>
<td>4-0 through 5-0</td>
<td>M/T/W/Th/F</td>
<td>9:30 – 3:30; 12:30 – 3:30</td>
</tr>
</tbody>
</table>
Preschool Application

School Year: ____________

Date__________________________

Child’s name _______________________________ Boy _____ Girl _____ Birthdate ________________

Address _________________________________ City _______ State _____ Zip _______

Parents’ names _______________________________ Home phone ______________________

e-mail:________________________________________ cell phone_______________________

Siblings’ names and ages __________________________________________________________

Child’s doctor _______________________________ Phone ______________________

Person to notify if unable to reach you ___________________________ Phone ________________

Any concerns about your child that you would like the school to know? __________________________

________________________________________________________________________________________

Class Preference:  (Please number first and second choice, except for Parent Toddler)

____ Parent/Toddler (Tues: 15-22 months)     ____ Parent/Toddler (Thurs: 23-30 months)

____ 2 ½-3 ½ T/Th Part-Day                   ____ 2 ½-3 ½ T/Th Extended Day

____ Multiage T/Th Part-Day                  ____ Multiage T/Th Extended Day

____ Three’s M/W/F Part Day                  ____ Three’s M/W/F Extended Day

____ Multi-age M/W/F Part Day                ____ Multi-age M/W/F Extended Day

____ Pre-K M-Th Part Day                     ____ Pre-K M-F Extended Week

____ Pre-K M/W/F –Full Day T/Th – Part Day

Enrollment Forms 2/05/18

For office use:

_____ Re- _______ En Reg. fee Fall _____ DOA:

_____ New _______ W.L. _______ check _______ cash