

Dear Prospective CDL Parent,

Thank you for your interest in the Child Development Laboratory. We encourage you to visit our facility and observe our program. Feel free to make an appointment for a tour and to answer any questions you may have. We maintain an “open door policy” at all times.

As a university based laboratory program, one of our important goals is to train students majoring in early childhood/early childhood special education, child and family studies and other disciplines such as music therapy, nursing, and psychology. Therefore we attempt to exhibit the highest standards and best practices in the child care profession. The laboratory setting provides additional experiences for children through age appropriate activities provided by practicum students. Your child will spend his/her day in a socially stimulating and language rich environment where learning occurs through play-based developmentally appropriate curriculum.

Practicum students, work study students, and foster grandparents increase the number of adults per child in the classroom above our regular professional staff to child ratio. This means your child receives more personal attention to individual needs.

We look forward to meeting you and your child. If, after reading our program philosophy and policies, you have any questions, we will be happy to answer them. When we receive your application and the \$20.00 application fee, we will add you to the waiting list and contact you as soon as there is an opening. However, feel free to keep in touch prior to that time. Again, thank you for your interest in our program.

Sincerely

Angie J. Smith

Director, CDL

**Application
Waiting List**

**TTU Child Development Laboratory
TTU Box 5146 Cookeville, TN 38505-0001**

Date of Application: _____ **Birth Date** _____
Name of Child _____
What does the child like to be called: _____
Social Security Number _____
What is your preferred starting date:

Please circle one: **Full Time** **Part Time MWF** **Part Time TR**

**Previous preschool
experience:** _____

Mother

Name: _____
Address _____

Father

Name: _____
Address: _____

Employment: _____
Work Phone: _____
Home Phone: _____

Employment: _____
Work Phone _____
Home Phone: _____

Applications are kept on file for six months. If a child care slot does not become available before that time you will be contacted to confirm that you wish to remain on the waiting list.

I, _____ the parent/legal guardian of
_____ understand that there is a \$20.00 application fee,
which is a non-refundable fee. The proceeds will be deposited into the classroom funds.
Also, I understand that my application will not be activated and processed until the
\$20.00 application fee has been received.

Signed,

Parent/legal guardian

Date