

# Child Development Lab

200 W. 10<sup>th</sup> St. • TTU BOX 5146 • Cookeville, TN 38505

## Waiting List Application

Date of Application: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Please select one:     Full time                       Part time (MWF)                       Part time (TR)

### Mother

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Father

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

### Governor's Preschool Program

If you are interested in applying for the preschool scholarship (child must be 4 as of Aug 15<sup>th</sup>), please fill in your estimated annual household income: \_\_\_\_\_

Applications are kept on file for the *calendar* year. It is your responsibility to call the CDL Director (931-372-6262) by **January 31<sup>st</sup>** each year to verify your waiting list application information and confirm your interest in remaining on the waiting list. Any waiting list applications that are not verified by January 31<sup>st</sup> will be removed from the list.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ have read and understood the waiting list application policies. I also understand that there is a \$20.00 non-refundable application fee. The proceeds will be deposited into the classroom funds. Furthermore, I understand that my application will not be activated until the \$20.00 application fee has been received.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

