



# MSU Child Development Center

Department of Health & Human Development  
105 Herrick Hall  
Montana State University  
P.O. Box 173540  
Bozeman, MT 59717-3540

406.994-5010 (classroom)  
406.994-5005 (director)  
406.994-2013 fax  
montana.edu/hhd/cdc.htm

## Application for Enrollment

Date \_\_\_\_\_

*When this form has been completed and filed with the director of the Child Development Center, your child's name will be placed on a waiting list. Parents will be informed as openings occur.*

Child: \_\_\_\_\_  
(last) (first) (middle) (preferred name)

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month, day, year)

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

*The enrollment days/sessions wanted:*

Days:	M	T	W	R	F	
Sessions:						
	7:30 AM - 12:30 PM	(half day)	_____			Beginning date desired:
	12:30 PM - 5:30 PM	(half day)	_____			
	7:30 AM - 5:30 PM	(full day)	_____			_____

*The MSU Child Development Center serves as a laboratory for students enrolled in early childhood education courses. Children who attend are observed by students. Only with parental consent may children be included in supervised research studies. Parents will be notified in advance of these studies.*

Does your child have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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