

**Application for Cal Poly Preschool Learning Lab**  
*Submission of this form indicates your interest in enrolling your child  
 in the Cal Poly Preschool Learning Lab and does not guarantee admission.*

To apply for a space at the Cal Poly Preschool Learning Lab, please fill out this form and return it to the Psychology & Child Development Department office with your \$35 non-refundable application fee.

Today's Date \_\_\_\_\_

Circle options below...

<b>1.</b>	<b>Applying to begin:</b> Fall _____ (year)			
<b>2.</b>	<b>Desired Schedule:</b> (Choose one)	<b>M-F</b>	<b>MWF</b>	<b>TTH</b>
<b>3.</b>	<b>Half or Full Day:</b> (Choose one)	<b>Half</b> (8:30 a.m. - 12:30 p.m.)	<b>Full</b> (8:30 a.m. - 4:30 p.m.)	
<b>4.</b>	<b>Status:</b> (Choose one)	Current Cal Poly Faculty/Staff	Currently Enrolled Family	General Public

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ (as of September 1, \_\_\_\_\_ yr. of enrollment)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street/City/Zip)

PRIMARY E-MAIL ADDRESS \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation\* \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation\* \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*\*If Cal Poly faculty/staff, please state position, department AND provide your Cal Poly email address:*  
 \_\_\_\_\_

How did you first hear of our Preschool Lab? \_\_\_\_\_

Major reason(s) for sending your child to the Cal Poly Preschool Lab: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that I am the legal guardian of the above-named child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- Return Application form and \$35 non-refundable fee to: Cal Poly State University  
 PSY/CD Department  
 Attn: Dr. Clarkson  
 1 Grand Ave.  
 San Luis Obispo, CA 93407-0387
- Make checks payable to: Cal Poly