

Application for Hamilton-White Child Development Center

Please submit application along with \$15 application fee to DSU CDC, DSU Box 3273, Cleveland, MS 38733. Please note contact and offers are made via email or phone.

| Child's Name | | | |
|----------------------|--------------------|-----------------|-------|
| Date of Birth/Due [| Date | | |
| Sex | | | |
| Previous nursery or | preschool experien | ce | |
| | | | |
| | | | |
| Parent(s)/Guardiar | n(s) Information: | | |
| Mother's Name | | | |
| Mother's Address _ | | | |
| Mother's Cell # | | | |
| Mother's Work # | | | |
| Mother's Home #_ | | | |
| Mother's Email | | | |
| | | | |
| Father's Name | | | |
| Father's Address (if | different) | | |
| Father's Cell # | | | |
| Father's Work # | | | |
| Father's Home # _ | | | |
| Father's Email | | | |
| Child lives with: | | | |
| Mother | Father | Mother & Father | Other |

Note: It would be to your advantage to update your child's application concerning change of phone number or email address. This is your responsibility and should be done through the Director's office. Questions? Call 662-846-4320

| When would you lik | se your child to enter the center? | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Will parent(s) be en | nrolled as full-time Delta State students? | | |
| Neither | | | |
| Mother | Entrance Date: | | |
| | Expected Graduation Date: | | |
| | Student 900#: | | |
| Father | Entrance Date: | | |
| | Expected Graduation Date: | | |
| | Student 900#: | | |
| Will parent(s) be employed as full-time Delta State faculty or staff members? | | | |
| No | | | |
| Mother | Position/Department: | | |
| Father | Position/Department: | | |
| that time, it is the pa | I be kept on file for one academic year from the date of application. After arent's responsibility to submit an updated application. The updated filed in place of the original. | | |
| | oplication indicated that you have read and understand the enrollment policy. Please note y below. Our center, as part of Delta State University, follows this policy. | | |
| Parent/Gaurdian sig | gnature: | | |
| Date: | Relationship to child: | | |
| For office use only: | Date Received Time Received | | |
| Notes from contact | t: | | |
| | | | |
| | | | |
| | | | |
| | | | |

Non-Discrimination Policy: Delta State University is committed to a policy of equal employment and educational opportunities for all persons without regard to race, color, religion, national origin, sex, physical or mental handicap, status as to disabled veteran or Vietnam era veteran, or age as specified by applicable laws and regulations. This policy extends to all programs and activities supported by Delta State University.