Thank you for your interest in the Dr. Cynthia H. Harper Child Study Center. This application can be filled out and mailed to the address listed at the top.

The Child Center is usually filled every semester. However, when places become available the waiting list will be reviewed. The following criteria are followed when filling vacancies:

1. Children of JSU students have first priority.
2. Children of JSU faculty have second priority.
3. Children from surrounding communities have third priority.
4. Sometimes changes in priorities are made to facilitate sex and age ratios, which are part of a laboratory situation.
5. Children attending the center must be at least three years old, potty trained, and cannot turn five prior to September 1.
6. Applications are filed according to date received.

The Study Center operates during Fall, Spring, and May terms. The children do not attend during the University registration, holidays, or exams.

Fees are as follows and are subject to change by the business office:

- Fall.................................$500.00
- Spring.............................$500.00
- May.................................$180.00

We at the Center feel that our program is a valuable social and educational experience for young children. Our top priorities are the physical safety of the children and the development of a positive self-concept.

If you have any questions concerning the program please feel free to contact me.

Respectfully,

Jill Marsh, Director/Teacher
RETURN TO: Jill Marsh, Director/Instructor
Dr. Cynthia H. Harper Child Study Center
Department of Family Consumer Sciences
700 Pelham Road North
Jacksonville, Alabama 36265

Name of Child: ________________________________________________
Birth Date: ________ Sex: ______________
Address of Child: _____________________________________________ Phone #:___________
Name and Relation with Whom Child Resides: _____________________________
Father’s Name: _______________________________________________________
Mother’s Name: ___________________________________________________________________
Address of Parents: _____________________________________________________
__________________________________________________________________________
Street Address

_________________________________  ________________________  __________
City                      State            Zip
Father’s Employer/Occupation: _____________________ Business Tel. #:__________ Cell#:__________
Mother’s Employer/Occupation: _____________________ Business Tel. #:__________ Cell#__________
Is parent a JSU student, faculty, or staff member? _____________________________
Other Persons Living in Home: ________________________________
Other children in Family:
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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Child’s Previous Day Care Center: ____________________________

Authorized Persons to Pick up Child: 1.______________________________
2.______________________________
3.______________________________

Disability Statue: Children having special needs due to a disability as defined by Section 504/ADA should attach a note listing the types of reasonable accommodations, modifications, or waivers requested. Early self-disclosure of qualifying needs will facilitate appropriate programming.

Mail completed application to address above.