Cal Poly Preschool Learning Lab Psychology & Child Development Department Cal Poly, San Luis Obispo, CA 93407-0387 E-mail: preschoollabadmin@calpoly.edu • Website: www.preschoollearninglab.calpoly.edu

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.

				ase fill out this form and 35 non-refundable applic		
Today's Date			_			
Circle optio	ns belo	w				
	1.	Applying to begin: Fall(year)				
	2.	Desired Schedule: (Choose one)	M-F	MWF	TTH	
	3.	Half or Full Day: (Choose one)	Half (8:30 a.m12:30 p.m.)	Full (8:30 a.m4:30 p.m.)		1
	4.	Status: (Choose one)	Current Cal Poly Faculty/Staff	Currently Enrolled Family	General Public	
Child's Name Nickname						
Sex	Biı	thdate	Age	e(as of Sep	otember 1, yr. of 6	enrollment)
Address(Street/City			itu/7ia)		Home Phone	
Parent/Guardian Name						
Parent/Guardi	an Nar	me	_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 s	sending your child to the	ne Cal Poly Preschool	Lab:		
I certify that I	am the	e legal guardian of the	above-named child.			
Signed Date						
• Return Applic • Make checks			ble fee to: Cal Poly Stat PSY/CD Depa Attn: Dr. Cla 1 Grand Ave.	artment irkson		

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