

**INFANT-TODDLER DEVELOPMENT CENTER**  
 California State University, Dominguez Hills  
 1000 E. Victoria Street  
 Carson, CA 90747  
 (310) 243-1011

**ADMISSION AGREEMENT/CONTRACTED HOURS**

Date of Contract \_\_\_\_\_ 20\_\_\_\_ Semester: \_\_\_Fall\_\_\_ Winter\_\_\_ Spring\_\_\_ Summer

Child's Name \_\_\_\_\_ Child's Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Check one:  CSUDH Student  CSUDH Faculty/Staff  Community

Parent/Guardian Name: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Check one:  CSUDH Student  CSUDH Faculty/Staff  Community

**(Minimum enrollment of 4 hours per day 2 days)**

**(Minimum enrollment of 3 hours per day 3 days)- *Regional Applicants Only***

	ARRIVAL	DEPARTURE	HRS/DAY
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
	<b>Total Hours/Week</b>		

**All Families:**

A 4 week written notice is required for changes to this schedule. **(N/A- for Regional Center applicant)**

This contract is valid and I the parent/guardian of \_\_\_\_\_ will be responsible to pay for the above contracted hours and understand that I must pay regardless of absences.

**(N/A- for Regional Center applicant)**

**Do you receive subsidized funding for tuition?**  Yes  No

If so, through which organization? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Office Staff

\_\_\_\_\_  
Date