

# CHLD 392 Enrollment for Spring 2010

**Deadline: October 8, 2009, Modoc 216**

- Checklist:**
- Sign 2 forms---Application and Student Participation Agreement
  - Attach **ALL** college and community college Unofficial Transcripts --- (available through your Portal)
  - Highlight **prerequisite** courses on transcripts:  
(CHLD 250/252, CHLD 251, CHLD 282, CHLD 353, NFSC 100 or HCSV 450 or HCSV 363)
  - TB test results (not older than 1 year by the first day of the semester)

**The Child Development Program Office will notify you of your lab placement before enrollment opens on October 19. We will also enroll you in the appropriate CHLD 392 section.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Chico ID: \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (**Note:** The one you check most frequently): \_\_\_\_\_

**1. Prerequisite Courses:** (these courses **may not** be taken concurrently with CHLD 392)

**(Please highlight the prerequisite courses listed below on your transcript)**

**Note:** If you are currently enrolled in any of these courses, you must show proof of completion with a passing grade before you will be enrolled in CHLD 392.

Semester/Year <u>Completed</u>	<u>Grade</u>	Semester/Year <u>Completed</u>	<u>Grade</u>
CHLD 250/252 _____		CHLD 251 _____	
CHLD 282 (CHLD 352) _____		CHLD 353 _____	
NFSC 100 <b>OR</b> HCSV 450 <b>OR</b> HCSV 363 (circle one) _____			

(for department use only) Status of Rubella Immunization: \_\_\_\_\_

**2. BIOL 303 / BIOL 318:** Circle class taken or will take. List semester and year \_\_\_\_\_

**3. Units:** Total number of college units completed by the end of this semester \_\_\_\_\_

(This is the middle column of the Cum Total found on your transcript PLUS the total number of units currently enrolled.)

**Note:** The University applies a maximum of 70 transferable units toward graduation.

**4. Graduation:** Graduation clearance forms are due now for anticipated graduation in Fall 2010.

Anticipated date: \_\_\_\_\_ Clearance form filed? Yes \_\_\_\_ No \_\_\_\_

I affirm that all the information on this page is correct and that I have included the required attachments.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

## **Location for Laboratory Experience**

There are two sites available for the Child Development Program lab experience:

**Associated Students Child Development Laboratory**

or

**Boys and Girls Club of Chico**

**The Associated Students Child Development Laboratory (ASCDL)** is on campus and has four classrooms: one for infants, one for two-year-olds, and two for preschoolers.

**The Boys and Girls Club of Chico (BGC)** offers an after school program for 13 elementary schools each afternoon. It is located at 6<sup>th</sup> and Wall Streets in downtown Chico.

**Note:** If you intend to apply for the Children's Center Permit ([www.ctc.ca.gov](http://www.ctc.ca.gov)) you should choose the Associated Students Child Development Laboratory. This permit requires a supervised fieldwork course with young children aged 0-5. Children attending the BGC are 6 years and older.

**Classroom Preference:** Indicate which site you would prefer. Rank 1 and 2, with 1 being your first choice.

**Note:** The Child Development Program reserves the right to place students where deemed most appropriate.

\_\_\_\_\_ **Associated Students Child Development Laboratory**

\_\_\_\_\_ **Boys and Girls Club of Chico**

**Please complete attached placement applications for both sites.**

NAME: \_\_\_\_\_

## Placement with the Associated Students Child Development Laboratory

**1. Age Group and Lab Time:**

In addition to the Monday, 4:30 – 6:30 p.m. lecture, and as part of your ASCDL classroom assignment, you will work 8 hours per week in a lab with children.

**2. Employment:** Are you employed in the AS. Child Development Lab? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, which classroom? \_\_\_\_\_

**3. Classroom Preference:** Indicate which classroom and lab time you would prefer. Rank 1 – 6, with 1 being your first choice

**Note:** The Child Development Program reserves the right to place students where deemed most appropriate.

<b>Infant Room</b>	7:30 – 11:30 a.m.	MW _____	TR _____
	10 a.m. – 2 p.m.	MW _____	TR _____
	11 a.m. – 3 p.m.	MW _____	TR _____

<b>Toddlers (Blue Room)</b>	7:30 – 11:30 a.m.	MW _____	TR _____
	8 a.m. – noon	MW _____	TR _____
	9 a.m. – 1 p.m.	MW _____	TR _____
	12 noon – 4 p.m.	MW _____	TR _____

<b>Mixed Age Preschool (Purple Room and Modoc Room)</b>	7:30 – 11:30 a.m.	MW _____	TR _____
	8 a.m. – 12 noon	MW _____	TR _____
	11 a.m. – 3 p.m.	MW _____	TR _____
	12:15 – 4:15 p.m.	MW _____	
	12:30 – 4:30		TR _____

### ASCDL ORIENTATION AND TRAINING SESSIONS:

Thursday, January 21, 2009 from 2 – 5 p.m.  
and  
Friday, January 22, 2009 from 2 - 5 p.m.

**Location:**

Aymer J. Hamilton (AJH) 119

**Attendance at these meetings is imperative to insure a smooth transition into the new semester for staff, students, and children.**

NAME: \_\_\_\_\_

## Placement with the Boys and Girls Club of Chico

1. **Lab Time Preference:** Indicate which lab time you would prefer. Rank 1 – 2, with 1 being your first choice

**Note:** The Child Development Program reserves the right to place students where deemed most appropriate.

\_\_\_\_\_ MW 2 – 7 p.m.

\_\_\_\_\_ TR 2 – 7 p.m.

2. **Employment:** Do you currently volunteer or are employed by the Boys and Girls Club?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Note:** Participation at the BGC requires a completed Livescan, Volunteer Application and BGC Orientation. The Livescan and Volunteer Application will be distributed once students are assigned to the BGC. The BGC Orientation will be arranged prior to participating on site with children.

**Child Development 392  
California State University, Chico  
Student Participation Agreements**

**Name (print)** \_\_\_\_\_

**Physical Health Certification**

As a condition of participation in the Associated Students Child Development Laboratory (ASCDL) or the Boys and Girls Club (BGC), I understand I must be in good physical health and free from communicable disease throughout the duration of my placement. I currently meet this requirement and agree to notify the staff should my health status change during my placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Photo Release**

During my placement in the Associated Students Child Development Laboratory (ASCDL) or the Boys and Girls Club (BGC), my photograph may be taken while I am participating in the daily activities of the laboratory. Photographs and videotape will be used solely for the purposes of documenting learning and teaching experiences and furthering information about children and teachers in the educational environment. My signature below authorizes my photograph to be taken and used for the above stated purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Photography of Children**

**ASCDL ---** I understand I may take and use photographs of children enrolled in the ASCDL on the condition that the photographs are used only for:

- assisting the cooperating teachers in their daily routines
- documentation of children's development
- completion of CHLD 392 course requirements as listed in the syllabus.

**BGC ---** I understand that **no** photographs of children at the Boys and Girls Club can be taken or used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NAME:** \_\_\_\_\_

### **Child Related Experience**

**Please list any paid or unpaid experiences you have had with children, including your title, school or facility name, children's age ranges, and dates.**