

CHILD DEVELOPMENT DEPARTMENT STUDENT LAB AGREEMENT
CTC CDC FAX Number 254-526-1810

Name: _____ SSN#: _____

Address: _____ DOB: _____

Town, State, Zip: _____

Telephone # HOME: _____ WORK: _____ CELL: _____

Place of Employment: _____ WORK HRS _____

Address (If employment with children): _____

Email Address: _____ Student ID# _____

To be completed by office: Lab M _____ T _____ W _____ Th _____ F _____ CLASS# _____ SEMESTER _____

CDEC/TECA Course Name	# Lab Hours/Semester	#Hours/Weekly
_____	_____	_____ OL/BL/LEC
_____	_____	_____ OL/BL/LEC
_____	_____	_____ OL/BL/LEC
_____	_____	_____ OL/BL/LEC
_____	_____	_____ OL/BL/LEC

Total Hours: _____

I hereby agree to participate, as assigned, at the scheduled times. I will follow center rules and requirements pertaining to dress, conduct, interaction with children and all other items specified in the student guide, job description, CTC handbook, and SOPS.

I SPECIFICALLY UNDERSTAND THAT:

1. Lab is an integral part of the final grade. **Lab needs to be completed in order to receive a final grade.**
2. Absences or lateness to lab/ class will affect my grade and I can be dropped from the course.
3. **Lab begins the first week of classes if criminal background check is clear and student is able to start lab experience hours. Student must adhere to the lab site facilities policies for dress code.**
4. **A nametag template will be made available if you do not have a name tag already with your name, courses enrolled in with start/end dates.**
5. No children are to be brought to classes or lab/field experiences or left unsupervised on the premises.

Signed: _____ Date: _____

Student

Signed: _____ Date: _____

Department Coordinator/Site Director