WHAT IS THE COGNITIVE DEVELOPMENT CENTER?
The primary goal of the Cognitive Development Center is to understand changes in memory, language and thinking that occur during infancy and childhood. We invite you and your child to help us understand this exciting period of development!

WHEN CAN MY CHILD PARTICIPATE?
We welcome infants and children from birth to 12 years old to participate in our project.

WHAT WILL MY CHILD DO?
Because many of the children that we work with are too young to “tell” us what they know, we have designed simple games that allow even the youngest children to “show” us what they know. Based on our past experience, infants and young children find these games extremely enjoyable. You and your child remain together throughout the visit.

HOW MUCH TIME IS REQUIRED?
We understand that families with young children are extremely busy. Your participation in a project would involve only one visit. A session with your child takes approximately 30 minutes and is scheduled at a time of day that is convenient for you. We provide baby-sitting for siblings during your visit. Parking is also free and right next to our building.

WILL I GET TO SEE THE RESULTS?
When the study is completed, you will receive a newsletter reporting the general findings. As a token of our appreciation, your child will receive a small gift from the Cognitive Development Center, and you will receive $5 for travel.

WHAT DO I DO NOW?
If you are interested in participating, please let us know in one of these ways:

   Sign up on the web at http://psych.colorado.edu/cdcsignup/signup.html

   Email your information to cogdevctr@colorado.edu.

   Call us at 303-492-6389.

   Fill out the reply form below and return it to:
   Cognitive Development Center
   Department of Psychology, 345 UCB
   University of Colorado Boulder
   Boulder, CO 80309-0345

Your response allows us to contact you when we are working with your child’s age range. You can decide then whether you would like to participate. Families with additional children are welcome to register them too, using any of our reply options. (If you opt to send in the reply form, you may include information for other children on an additional piece of paper.)
YES! I am interested in the Cognitive Development Center.  
* The information you provide will be used in strictest confidence and will only be used by us

Child’s Name: ____________________

Child’s Gender:       Boy ___   Girl ___

Date of Birth: _________

Due Date: ____________

Gestational Age: _______      Premature: ___      Full Term: ___

Birth Weight: _______

Parent Name(s): ____________________________

Street Address: ______________

City, State, Zip: ______________

Phone Numbers: _______________

Email Address: _________________

Language(s) spoken at home: _______________________

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