

UCA Child Study Center
Waiting List Form

Today's Date: _____

Child's Name _____ Date of Birth _____

Gender: Male _____ Female _____

Parent's Name(s) _____

Home Address _____ Zip Code: _____

Phone: home _____ work _____ cell _____

Check all classes below in which you are interested:

- _____ 3 year old Mon/Wed class (2 half days)
- _____ 3 year old Tues/Thurs class (2 half days)
- _____ 4 year old Tues/Thurs class (2 days)
- _____ 4 year old Mon/Wed/Fri class (3 days)
- _____ 4 year old Mon-Fri class (5 days)

Does your child have any identified special needs? *

No _____ Yes _____

If yes, please specify

*All information is kept confidential

I understand that it is my responsibility to notify the Child Study Center director if my contact information changes prior to my enrollment year. I understand also that once my child becomes eligible for Kindergarten, he will be dropped from the waiting list unless I contact the director to specify that I have waived the kindergarten year entry for public schools and wish to remain on the Child Study Center waiting list.

Signature

Date

Office use only: Wait list year _____ Confirmation Sent _____ Date Form Received _____
Form delivered via _____ email _____ hand delivered _____ faxed _____ U.S. Postal Service

Form Revised 9-07