

Date Received: _____
(Center Date Stamp)

Desired Start Date*: _____

Child Development Center
Wait List Application

☐ **Year Round** care needed for 12 weeks (as of mid-Aug) -4 year old child OR ☐ **Summer** care needed for 5-8 year old child

Child's Name (Last, First, Middle Initial)

Date of Birth (or due date)

Gender

Parent/Guardian #1 Name (Last, First)

Email Address

Street Address

City, State and Zip

Work Place

Work Phone

Home/Cell Phone

Check All That Apply:

☐ Faculty/Staff: Dept. _____ ☐ Community Member ☐ Student: Major _____

Parent/Guardian #2 Name (Last, First)

Email Address

Street Address

City, State and Zip

Work Place

Work Phone

Home/Cell Phone

Check All That Apply:

☐ Faculty/Staff: Dept. _____ ☐ Community Member ☐ Student: Major _____

The Center reserves the right to enroll children on the basis of best fit for the classroom.

Priority for enrollment (check if applicable):

☐

1st Child of non-probationary CDC employee with primary guardianship/custody of waitlisted child

☐

2nd Sibling of currently enrolled child

☐

3rd All others are based on date of application

A nonrefundable fee of \$50.00 must accompany this application

*This application in no way implies that my child will be offered enrollment at the Texas State University Child Development Center. This application will place my child's name on a wait list.