

## CHILD CARE WAITING LIST APPLICATION

**Please complete EVERY blank space**

Today's Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Birth/Due Date: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Birth/Due Date: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Birth/Due Date: \_\_\_\_\_

Specific Days and Times Care is needed (*Care for children in the infant through school age classrooms is Monday through Friday only. No partial week schedules are offered.*)

\_\_\_\_\_  
\_\_\_\_\_

***Please note that child care is for full days only.***

Are you a UIS student? \_\_\_\_\_ UIN \_\_\_\_\_

Are you a UIS employee? \_\_\_\_\_

Are there any special concerns (i.e.; behavioral, developmental, health or dietary):

\_\_\_\_\_

How did you hear about our center? \_\_\_\_\_

\_\_\_\_\_