

Date _____

Southeast Community College Child Development Center Waiting List Application

Hours of operation:

Monday - Friday 6:30 a.m. - 6:00 p.m.

(6:00 a.m. - 6:30 a.m. available to students/staff only and must be pre-arranged with Director.)

A \$10.00 **NON-REFUNDABLE ADMINISTRATIVE FEE** is due when this form is completed.

Names will be accepted for the waiting list according to the number of slots available in each age group.

Parent Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Child's Name: _____

Child's Birthdate: _____

Program Parent is Enrolled In: _____

Date Care is Needed: _____

Full Time

or

Part Time

(please check one below)

M- F am

M, W, F

T, H

M-F pm

The Parent is a:

Student

State Farm

Staff

General Public

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For office use only:

