MADERA CENTER CHILD DEVELOPMENT LAB SCHOOL

30277 Avenue 12

Madera, CA 93638

(559) 675-4807

**WAITING LIST APPLICATION**

 Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fall \_\_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_\_

 *Application will remain on file for 12 months*

Parent Information

**Parent 1 (**Applying Parent)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time Student \_\_\_\_\_\_\_ Part-Time Student \_\_\_\_\_\_\_ Staff Member\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_

**Parent 2** (Second parent does not need to be a student but must be listed**)**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time Student \_\_\_\_\_\_\_ Part-Time Student \_\_\_\_\_\_\_ Staff Member\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_

**Child/Children Information:** ( List all children to be enrolled)

First Name Last Name Date of Birth Age Gender

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ B G

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ B G

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ B G

**Enrollment Preference:**

**Number of Days/Week Days Requested**

\_\_\_ Two Days/Week Mon\_\_\_ Tues\_\_\_ Wed \_\_\_ Thur \_\_\_ Fri\_\_\_ Full Day \_\_\_\_ (8:00 – 4:00)

\_\_\_ Three Days/Week Mon\_\_\_ Tues\_\_\_ Wed \_\_\_ Thur \_\_\_ Fri\_\_\_ Half Day\_\_\_\_ (8:00 – 12:00)

\_\_\_ Five Days/Week Mon\_\_\_ Tues\_\_\_ Wed \_\_\_ Thur \_\_\_ Fri\_\_\_

**Payment Information**

Financial Aid \_\_\_ Campus CalWorks\_\_\_ PACEAPP \_\_\_ County CalWorks\_\_\_ Private Pay\_\_\_\_\_\_

Office Use Only

Date Enrolled\_\_\_\_\_\_\_\_ Child Care Needed\_\_\_\_\_\_\_ Sem/Yr/ASAP MC-CDC Verification \_\_\_\_\_\_\_\_

WL Letter Date\_\_\_\_\_\_\_ Contact Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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