

Today's Date: \_\_\_\_\_

### WAITING LIST FORM

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_

Current Age \_\_\_\_\_

Parent's SCSU Affiliation       Student     Faculty     Staff

Home Address \_\_\_\_\_

Telephone #      (      ) \_\_\_\_\_

**Desired Date of Enrollment:**    Fall   Spring   Summer I   Summer II      **Year:** \_\_\_\_\_

Parent I's Last Name	_____
First Name	_____
Tech ID #	_____
Telephone #	(      ) _____
Home Address	_____
Employer	_____
Work Telephone	(      ) _____
Email (optional)	_____

Parent II's Last Name	_____
First Name	_____
Tech ID #	_____
Telephone #	(      ) _____
Home Address	_____
Employer	_____
Work Telephone	(      ) _____
Email (optional)	_____

CIVIL RIGHTS INFORMATION:      *Provision of this information is voluntary. It is not part of the application and has no effect on registration eligibility.*

White-Not of Hispanic Origin       Black-Not of Hispanic Origin       Hispanic  
 Asian or Pacific Islander       American Indian or Alaskan Native

OFFICE USE ONLY	
Date received: _____	SPECIAL NOTES:
Check/money order # _____	
Date entered in PA: _____	
1st contact for placement: _____	
2nd contact for placement: _____	
3rd contact for placement: _____	
Removed from Wait List on: _____	
	Date