



## WAIT LIST APPLICATION

Child's Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
(First) (Middle) (Last)

Child's Date of Birth or Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Requested Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has your child been identified with a Developmental Delay? \_\_\_\_ If yes, does your child have an IEP or IFSP? \_\_\_\_

Are there any special concerns or information about your child that we need to know? \_\_\_\_\_

☐ My child will need Before Care (7:00 - 7:50 AM) ☐ My child will need After Care (2:30 - 5:30 PM)

### Primary Contact Information:

Parent/Guardian Name 1: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Secondary Contact Information:

Parent/Guardian Name 2: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reason(s) for applying to the UAH Early Learning Center: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* Please complete the entire form for acceptance on the wait list. \*\*\*\*

E-mail completed application to [elc@uah.edu](mailto:elc@uah.edu)

\$50.00 non-refundable application fee to be paid online at:

<https://www.uah.edu/early-learning-center/payments>

For Office Use Only: Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Payment: \_\_\_\_\_