



Waitlist 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 1: _____
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

\$65.00 non-refundable application fee to be paid online at:

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

For Office Use Only: Date Received: ____ / ____ / ____ Payment: _____