



Waiting List Application

Child's Name: _____ Date of Birth: ____/____/____

Child's Gender: _____ Requested Start Date: ____/____/____

Mother's Name: _____ Phone Number: (____) ____ - ____

Father's Name: _____ Phone Number: (____) ____ - ____

Home Address: _____

City: _____ State: _____ Zip: _____

Is either parent a current employee or student of UAH? Yes No

If yes, please list your department and A number: _____

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

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

Has your child been identified with a Developmental Delay? _____

If yes, does your child have an IEP or IFSP? _____

Parent signature: _____ Date: ____/____/____

Please complete the entire form for acceptance on the waiting list.

Mail completed application and \$25.00 non-refundable application fee to:
Early Learning Center, University of Alabama Huntsville
301 Sparkman Drive, Huntsville, AL 35899

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