

WAITLIST APPLICATION

Child Development Academy at Marshall University
520 22nd Street, Huntington, WV 25703
304-696-5803 fax 304-696-5805

Today's Date: _____

Date Enrollment Desired _____

Child's Name: _____ Sex: _____

Birthdate: _____ Present Age: _____

Home Address: _____

Home Telephone: _____

Street

City

State

Zip

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Address _____

Address _____

Email Address: _____

Email Address: _____

Employer _____

Employer _____

Work Telephone _____

Work Telephone _____

MU Student: _____ Full Time _____ Part time _____ N/A

MU Student: _____ Full Time _____ Part time _____ N/A

MU I.D. Number _____

MU I.D. Number _____

Day or Alternative Phone: _____

Day or Alternative Phone: _____

Who to contact if parent cannot be contacted:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Street

City

State

Zip

When you need child care services, where do you find information? _____

I agree to complete the required forms for enrollment, current health report/immunization record for my child, and updates as required. I acknowledge that I will be responsible for a registration fee in the amount of \$150 upon accepting enrollment slot.

Signature of Parent or Guardian

Please enclose a non-refundable waitlist application fee (\$25.00 for Marshall University students/\$50.00 for non-students).

Make check payable to MURC

This facility operates in accordance with state and federal laws and guidelines which prohibit discrimination on the basis of race, color, sex, age, disability, religion, creed, ancestry or national origin. This institution is an equal opportunity provider.

OFFICE USE: Check No. _____ Amount: _____ Date Received: _____
Date(s) of contact: _____

C:Waitlist Application form 7/20