

University of Minnesota
 Child Development Center
 1600 Rollins Avenue Southeast
 Minneapolis, MN 55455
 telephone: (612) 625-2273
 fax: (612)626-3200
 email: umcdc@umn.edu

UNIVERSITY OF MINNESOTA CHILD DEVELOPMENT CENTER FULL-TIME WAITING LIST APPLICATION

Please return this form with the \$25 non-refundable Waiting List Application Fee
 to add your child's name to the Waiting List

CENTER USE ONLY	
APP DATE _____	
SIB/PRI _____	
RECEIPT # _____	
WL DATE _____	

Child's Name

Last (please print – your child will be listed by this name)

First

Middle

Child's Date of Birth

Actual or Anticipated

Preferred Start Date

Please enter a complete date

***When your child's name reaches the top of the list, we will email or call you for any age appropriate opening in the Center
 30 days prior to or any time after your indicated preferred start date.***

Parent/Guardian's Name
Address
City, State, Zip Code
Home Phone
Work Phone
Cell Phone
Email Address

Parent/Guardian's Name
Address
City, State, Zip Code
Home Phone
Work Phone
Cell Phone
Email Address

University of Minnesota Affiliation: You MUST be affiliated with the U of M in order to enroll.

<input type="checkbox"/>	Student	<i>Major</i>	<i>(at least half-time certification of student status by Office of Registrar or letter from advisor for thesis only graduate students)</i>
<input type="checkbox"/>	Civil Service/Bargaining Unit	<i>Department</i>	<i>(minimum 50% paid appointment)</i>
<input type="checkbox"/>	Faculty	<i>Department</i>	<i>(minimum 50% paid appointment)</i>
<input type="checkbox"/>	Professional and Administrative	<i>Department</i>	<i>(minimum 50% paid appointment)</i>

You may notify us any time before you are offered an opening of changes in Preferred Start Date. Please also remember to notify us of changes in your contact information. Call UMCDC Front Desk Staff at (612) 625-2273, or email umcdc@umn.edu, to make a tour reservation or if you have any questions about this form.