

UNIVERSITY COMMUNITY CHILDCARE

100 University Village, Ames, Iowa 50010 (515) 294-9838

Waiting List Information

Child's name: _____ **Date of Birth/Due Date:** _____

Parent information

Mother's name: _____ (h) phone: _____

Address: _____ (w) phone: _____

_____ (c) phone: _____

E-mail: _____

Please check all that apply

____ Military experience

____ Undergraduate student

____ Graduate student: ____ 1/4 appt ____ 1/2 appt ____ FT appt

____ enrolled at ISU full-time ____ enrolled at ISU full-time ____ enrolled at ISU part-time

____ employed full-time at ISU ____ employed part-time at ISU ____ ISU post doctorate

____ employed full-time off campus ____ employed part-time off campus

____ not employed

Father's name: _____ (h) phone: _____

Address: _____ (w) phone: _____

_____ (c) phone: _____

E-mail: _____

Please check all that apply

____ Military experience

____ Undergraduate student

____ Graduate student: ____ 1/4 appt ____ 1/2 appt ____ FT appt

____ enrolled at ISU full-time ____ enrolled at ISU full-time ____ enrolled at ISU part-time

____ employed full-time at ISU ____ employed part-time at ISU ____ ISU post doctorate

____ employed full-time off campus ____ employed part-time off campus

____ not employed

Please check which is the closest to your current family income: Family size: ____ 2 ____ 3 ____ 4 ____ 5 ____ >5

____ <\$35,000 ____ \$35,000 - \$50,000 ____ >\$50,000

*proof of income required at time of enrollment

Type of care needed:

Full Time program: Infant _____
Toddler _____
Full Time Preschool _____
Summer SA _____

Part Time program:
Flex-Care Preschool _____
Morning Only Preschool _____
Before & after school _____

I am interested in childcare beginning: _____

How did you find out about us?

Friend _____ Yellow pages ad _____ Iowa Child Care Resource and Referral _____

Web Site _____ Brochure _____ Other (specify) _____

Parent(s) signature _____

Today's date: _____