

UCA Child Study Center  
Waiting List Form

Today's Date:		
Child's Name:		Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Parent's Name(s):		
Home Address (Street, City, State, Zip)		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Does your child have any identified special needs\*?    No \_\_\_\_\_    Yes \_\_\_\_\_

If yes, please specify (include any therapies that your child is currently receiving):

\*All information is kept confidential

When the waiting list form is received, your child will be placed in all appropriate class waiting lists (3's and 4's) according to their date of birth. All children must turn 3 or 4 by August 1 to be eligible for our program. Calls are made in the spring for the next school year. You will be notified of which classes are available and you can decide at that time what best fits your schedule.

You should receive confirmation that we have received your waiting list form within 2 weeks. Please contact us if you do not receive confirmation.

I understand that is my responsibility to notify the Child Study Center (501-450-3356) if my contact information changes prior to my enrollment year. Failure to do so could result in the loss of placement on the roster.

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Signature of Parent/Guardian

Office Use Only:

Date form received:		Received by:	
Waiting list (school year):	3's:	4's:	
Date Confirmation Sent:			
Via: <input type="checkbox"/> email <input type="checkbox"/> US Post Office <input type="checkbox"/> hand delivered			