



INITIAL AND WAITLIST APPLICATION

Name of Child _____ Birthdate _____

Address _____

City/State/Zip Code _____

Race/Ethnicity _____ Gender M F

Family Information

Parent 1 / Guardian _____ Home Phone _____ Cell _____

Address _____

Employer _____ Business Phone _____

Email _____

Parent 2/ Guardian _____ Home Phone _____ Cell _____

Address _____

Employer _____ Business Phone _____

Email _____

Do you currently have a child in NDCDC? Yes _____ No _____

Have any other children in your family attended the NDCDC? If yes, name of children and dates of attendance

Child Information

Describe your child's previous experience in preschool or childcare. Where? How long did he/she attend? Describe his or her adjustment to that environment?



Why would you like to have your child at NDCDC?

Describe any special health or nutrition needs your child may have:

Describe your child's toilet skills (if toilet trained, at what age?):

Describe any special needs your child may have:

Does your child have an individualized Family Service Plan (IFSP)?

Describe the discipline / guidance strategies that work best with your child:



Is there any other information you would like to share regarding your child?

I agree to enroll my child, _____, in the Nancy W. Darden Child Development Center. I have read and understand the NDCDC Handbook and have had an opportunity to ask questions. If I have additional questions or concerns, I will work directly with the teachers, the assistant director, and the director. If I need further recourse, I know that the next step is to take my concerns to the chair of the Department of Human Development and Family Science, College of Health and Human Performance.

If not selected for admission at this time, would you like your child placed on a waiting list?

Yes _____ No _____

Parent/Guardian Signature _____ Date _____

Date Received: