

USF Preschool for Creative Learning Waiting List Application

For Office Use Only
Application Date _____
Enrollment Date _____

Child Information:

Child's Full Name: _____

Date of Birth: _____ Gender _____

Has child attended preschool before? Yes or No

If so, what child care center(s) has the child attended or currently attend?

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship: _____

Email Address: _____

Address: _____
Street City State Zip

Home #: _____ Work # _____

Cell # _____

Parent Status: ___ USF Full Time Student ___ USF Faculty/Staff ___ Community

Parent/Guardian Name: _____

Relationship: _____

Email Address: _____

Address: _____
Street City State Zip

Home #: _____ Work # _____

Cell # _____

Parent Status: ___ USF Student ___ USF Staff ___ USF Faculty ___ Community

I have read and understand the policies and procedures relating to the application, eligibility, vacancy notification, and waiting list process. I agree to abide by the policies and procedures as outlined.

Parent/Guardian Signature

Date