



# Waitlist Application



How did you hear about the Children's Center? \_\_\_\_\_

Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:
Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:

If this is an expected birth, please put the due date

Parent/Guardian #1 Name:	BSU I.D. Number	
Email:	Phone:	
University Affiliation: <input type="checkbox"/> Student (6 credits or more) <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Adjunct <input type="checkbox"/> Community		
Parent/Guardian #2 Name:	BSU I.D Number	
Email:	Phone:	
University Affiliation: <input type="checkbox"/> Student (6 credits or more) <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Adjunct <input type="checkbox"/> Community		
Address:		
City:	State:	Zip:

Year applying for:	Season Applying for ( <i>check all that apply</i> ): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Schedule applying for: <input type="checkbox"/> Everyday (M-F) <input type="checkbox"/> M/W/F <input type="checkbox"/> T/T
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**Please Note:**

There is a non-refundable \$45.00 application fee per child. Applications will not be processed until payment is received. This fee is transferable if your child becomes enrolled in the Children's Center. For other payment options, please contact the Center at 208-426-4404.

Signature of Parent or Legal Guardian:	Date:
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Office Use Only: Date Application Received: _____ Date Payment Received: _____	Method of Payment: _____ Inputted By: _____
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