WAIT LIST APPLICATION

Child Development Center
Portland Community College
12000 SW 49th Ave
Portland Oregon 97219
(503) 977-4424

_____
Date Received
Office Use Only

Name of Child: Last First

_____ _____ _____
Birth Date Due Date Sex

Parent Information:

Name_____

Address_____ City_____ State_____ Zip_____
Apt #

Home Phone_____Campus ext ._____ Cell Phone_____

Status: ____PCC Student
____PCC Faculty/Staff

Please Indicate Preferred Attendance:
_____FULL DAY Toddlers Monday-Thursday 8:00 am-4:00 pm (Friday closes at 1:00)
Preschoolers Monday-Friday 8:00 am-4:00 pm

_____AM Half DAY (Monday-Friday 8:00 am-1:00 pm) Infants, Toddlers, and Preschoolers

_____PM Half DAY (Monday-Friday 11:00 am-4:00) Preschoolers

Please note: Children must be 3 months by September 1st in order to eligible for our infant program. Your child's name will be placed on our waiting list by date of application. It is your responsibility to notify the Center of any changes made on the information provided above. If you are applying before your child is born you must contact the center when the baby is born, with the child's name and birth date**.**