WAIT LIST APPLICATION

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

Date Received
Office Use Only

Name of Child: ____________________________

____________________

____________________

Birth Date Due Date Sex

Parent Information:

Name ____________________________________

Address ____________________________________

City __________________ State _______ Zip _______

Home Phone ________________ Campus ext. _______ Cell Phone ________________

Email _________________________________

Status:     _____ PCC Student enrolled for ________ credit hours per term
           _____ PCC Faculty/Staff ____________

Please Indicate Preferred Attendance:

 _____ Full Day Full time (Monday – Friday 8 am – 4 pm) Preschoolers
 _____ AM Half Day (Monday – Friday 8am – 12 pm) Infants, Toddlers, and Preschoolers
 _____ PM Half Day (Monday – Friday) Preschoolers Toddlers (room closes at 12 noon on Friday)
 _____ Evening (Monday – Thursday) 4 pm – 9:30 pm
 _____ Saturday (8 am – 4 pm)

Please note: Children must be 3 months by September 1st in order to be 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.