



WAITING LIST INFORMATION

Parent Name: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Student: Yes _____ No _____ Name of School: _____

Place of Employment: _____

Date of Care Needed: _____

Full Time Care: _____ Part Time Care: _____

Preferred Site: NKU Early Childhood Center _____
UC Early Learning Center _____

Child's Name: _____

Child's Date of Birth: _____

Do you qualify for any type of assistance? Yes _____ No _____

If Yes, What type of assistance? _____

Please return with \$50.00 (nonrefundable) registration fee to:

**UC Early Learning Center
3310 Ruther Avenue
Cincinnati, Ohio 45220
513-961-2825 Fax: 513-281-7676**