

For office use only:
Date and time application received:

**Georgia State University
Child Development Program
Waiting List Application**

Child's Name: _____ **Date of Birth** _____

Home Address _____

City & Zip Code _____ Home Phone _____

Parent 1 Name: _____ **Work #** _____ **Cell #** _____

E-mail Address _____

Is parent affiliated with GSU ? _____

(If yes) Please check one: ___ Student ___ Staff ___ Faculty

Panther ID: _____

GSU Department or College: _____

Is parent a State of Georgia employee? _____

If yes please list where employed with the State _____

Parent 2 Name: _____ **Work #** _____ **Cell #** _____

Panther ID: _____

E-mail Address _____

(If yes) Please check one: ___ Student ___ Staff ___ Faculty

Is parent affiliated with GSU ? no _____

GSU Department or College: _____

Is parent a State of Georgia employee? _____

If yes please list where employed with the State _____

Optional

Sex _____

Race _____

Does your child have any physical disabilities ? _____

Children are placed on the waiting list by the date that the parents apply, and are not assigned a number on the list.

Transfer between Centers:

Once a family has accepted a space in one of the centers, children will not be transferred to the other center until the one year contract is fulfilled. The child must be placed on the waiting list at the center that they wish to move to, and will only be moved in the order in which they were placed on the list.