

## Waiting List Application

A \$30.00 Waiting List Application fee must be submitted with this form. This fee is non-refundable and not transferable.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

<b>Program</b>					
Check the appropriate program(s) and requested schedule You can choose more than one program if you are interested in the first available spot (Campus & Dunkirk)					
Early Childhood at Campus Center	Infant & Toddler at Dunkirk School 4	School Age at FFUMC (Church St., Fredonia)			
Part Time (T/TH)	Part Time (T/TH)	Mon	Tue	Wed	Thur
Part Time (M/W/F)	Part Time (M/W/F)	Mon	Tue	Wed	Thur
Full Time (M-F)	Full Time (M-F)	Holiday Program Only			
				<u>Before School</u>	Fri
				<u>After School</u>	Fri

Parent/Guardian Name(s) _____		
Home Address _____		
City _____	State _____	Zip Code _____
Phone 1 _____	Phone 2 _____	Phone 3 _____
E-Mail _____		

<b>Affiliation(s) of either parent/guardian</b>	
Sibling Already Enrolled in a CCCC Program	Name: _____ Program: _____
College Student	College: _____
Faculty or Staff of SUNY Fredonia or NYS Employee	Union: _____
Community Member	

<b>Payment Information</b>		
Self-Pay (Full Rate)		
Self-Pay (Applying for Reduced Rate)		
NYS Block Grant (SUNY Students Only)		
NYS Childcare Assistance	Already Approved	Applying

<b>FOR OFFICE USE ONLY</b>		
Date Received	Fee Paid	Initials

**Waiting List Priority**

- |   |                     |   |
|---|---------------------|---|
| 1. Currently enrolled students wanting to change schedule | 4. College Students | 7. Community Members                                  |
| 2. Current CCCC Staff                                     | 5. SUNY Staff       | * Families requesting FULL TIME care a given priority |
| 3. Children with a sibling enrolled in a CCCC program     | 6. State Employees  |   |

## HEALTH DEVELOPMENT QUESTIONNAIRE

Answers to the following questions assist the program to select the most appropriate setting for each child and support each family. Additional information may be requested to ensure the program is equipped to accommodate each child's needs and provide the highest quality care possible.

My child is not born yet (please update this form when the child is born)

### BIRTH INFORMATION

Child's Date of Birth \_\_\_\_\_ Due Date: \_\_\_\_\_

Child's Birth weight \_\_\_\_\_

Was the child born more than 3 weeks early or late?	Yes	No	Notes:
Were there any concerns about the child at birth or shortly after?	Yes	No	Notes:

### MEDICAL INFORMATION

Does the child have any diagnosed allergies?	Yes	No	Notes:
Does the child have any dietary restrictions?	Yes	No	Notes:
Does the child have any diagnosed medical conditions?	Yes	No	Notes:
Has the child had any serious accidents or illnesses?	Yes	No	Notes:
Is the child up to date on all immunizations?	Yes	No	Notes:

### DEVELOPMENTAL INFORMATION

Do you have any concerns about the child's development?	Yes	No	Notes:
Has a medical professional expressed concerns about the child's development?	Yes	No	Notes:
Do you have concerns about the child's speech/language development?	Yes	No	Notes:
Does the child relate/play well with other children?	Yes	No	Notes:
Is the child receiving services from Early Intervention, Special Education or CSE?	Yes	No	Notes:
Is there anything else you would like us to know about your child?	Yes	No	Notes: