

**IRSC Child Development Center
Wait List Application**

Date of Application: _____ **Preferred Start Date:** _____

Child Information:

Child's Full Name: _____ Date of Birth: _____ Sex: _____

Is the child potty trained? ☐ Yes ☐ No

(Please note that children must be potty trained to be eligible for our preschool program).

Sibling(s) currently attending IRSC center? ☐ Yes ☐ No

Name of Sibling(s): _____

Parent/Legal Guardian * Information:

* Legal Guardian status will need to provide appropriate documentation confirming relationship status.

Parent/Legal Guardian * Name: _____ Relationship: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Number: _____ Work/Other Number: _____

Parent Status: ☐ Full Time IRSC Student ☐ Part Time IRSC Student ☐ IRSC Faculty/Staff
☐ Community ☐ School Readiness

I understand that my request for enrollment is valid for one year from the date of submission. I further understand that my child's admission date is dependent upon the following factors:

1. Vacancy in the age appropriate classroom
2. Parents entrance status
3. Date that I signed and submitted the request
4. My requested start date
5. Potty training status of child for the 3 and 4 year old room

I also understand that IRSC's Child Development Center cannot hold a place for my child, if there is another child requesting an earlier start date, regardless of the request date made by the child's parents, the earlier date will have preference.

I agree to abide by the application, eligibility, vacancy, notification, and waiting list process and all policies and procedures followed by IRSC. I understand this request in null and void if all information is not completed.

Parent Signature: _____ Print Name: _____

Date: _____

Staff Signature: _____ Date Received: _____