



# CV Tech

## Child Development Center

6505 E. Highway 66 El Reno OK 73036 (405) 422-2330

Accredited by the National Accreditation Commission for Early Care and Education Programs

### Waiting List Application

Today's Date \_\_\_\_\_ Desired Date to Begin \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birth Date/Due Date \_\_\_\_\_

Hours Care Needed \_\_\_\_\_

Home Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employer \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you plan to receive assistance from DHS? Yes \_\_\_\_\_ No \_\_\_\_\_

### Child Information

Does your child have any food allergies or intolerances? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any special needs or learning considerations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child currently in good health? Yes \_\_\_\_\_ No \_\_\_\_\_

### Canadian Valley Students/Employees Only

Will Mother or Father be a student or employee at Canadian Valley Technology Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what program? \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

After completing the form, save to your computer, and attach in an email to Barbra Sirrip at [bsirrip@cvtech.edu](mailto:bsirrip@cvtech.edu)