



Canadian Valley Technology Center
Early Care Center
1401 Michigan Ave.
Chickasha, OK 73018

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

Waiting List Application

Today's Date: \_\_\_\_\_

- 1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
Last First (or expected due date)
2. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
Last First (or expected due date)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you plan to receive assistance from DHS to pay for child care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you completed the application for child care assistance with DHS? Yes \_\_\_\_\_ No \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_ KC# \_\_\_\_\_

CANADIAN VALLEY STUDENTS ONLY

Will Mother or Father be a student at Canadian Valley Technology Center? Yes \_\_\_\_\_ No \_\_\_\_\_

Which program? \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

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: \_\_\_\_\_
• What is the primary language spoken at home? \_\_\_\_\_

After completing the form, save it to your computer, attach and email to lbryan@cvtech.edu