

**McLennan Community
College**

1400 College Drive • Waco, Texas 76708 • 254 299-8720 • Fax 254 299-6216

CHILD DEVELOPMENT CENTER

Application for Waiting List

Date _____ (*Application expires one year from this date.*)

Child _____
(Last Name) (First) (Middle) (Nickname) Sex

DOB/ Due Date _____ Home Phone _____ E-Mail _____

Other phone numbers where you can be reached _____

Home Address _____
(Street) (City) (State) (Zip)

Mother _____ Student ID# _____

Business _____ Bus. Phone _____

Father _____ Student ID # _____

Business _____ Bus. Phone _____

Classification:

Full-time MCC Student () Sibling () Full-time MCC Faculty/Staff ()
MCC Alumni () Immediate Relative* of Full-time MCC Faculty/Staff/Retiree ()
Part-time or Adjunct MCC Faculty/Staff () Community Resident ()

Child Care payments will be made by: () Self () CCS (Child Care Services)
() Perkins Grant () Other

Other Siblings:	Name	Age	Sex
	_____	_____	_____
	_____	_____	_____

Has child been in a group situation previously? _____ If so, where? _____

_____ How long? _____