

Western New Mexico University Child Development Center Waiting List Form



This waiting list form is valid through January 31, _____. If you want to remain on the waiting list beyond this date, it is your responsibility to renew this form before January 31st by: Phone: (575)538-6344 Online: www.wnmu.edu/EarlyChildhoodPrograms Email: cdc@wnmu.edu In Person: CDC Front Office, 12th St and Virginia St If you do not renew your form by the deadline each year you will be removed from the waiting list. Please remember it is your responsibility to keep us informed of any phone, address, or status changes, so that we may contact you should a position become available. Please review the enrollment process online at www.wnmu.edu/EarlyChildhoodPrograms. Date of Contact: Parent's Name: Parent's Signature: Child's Name: _____ Sex: ____ DOB: ____ Age: ____ Child's Name: _____ Sex: ____ DOB: ____ Age: ____ **Contact Information:** Home Phone: _____ Cell Phone: _____ Email Address: _____ Address: Siblings already enrolled in program: WNMU Student Status: **Undergraduate Student Graduate Student** Community Full Time (12 credits) _____ Full Time (9 credits) Part Time (6-11 credits) Part Time (less than 6 credits) Days/Hours care is needed: How do you plan to pay for childcare? M C T C W C Th C F C CYFD Funding Parent Pay _____ Pell Grant ☐ Morning Only ☐ Full Day ____Other For Office Use Date Message Date Entered onto Waiting List:_____ Date Removed: Renewed By: Date Renewed:____ Renewed By:

Date Renewed:

Date Renewed:____

Renewed By: