

EMPORIA STATE
UNIVERSITY™
Center for Early Childhood Education
Toddler/Preschool Waiting List Application
 1 Kellogg Circle Campus Box 4042 Emporia, KS 66801
 Office Phone: (620) 341-5290 Fax: (620) 341-6290
 E-mail: cece@emporia.edu

Requesting enrollment for: Fall Spring Summer Semester 20_____ Today's Date: _____

Child's Full Name: _____ Birth Date: _____ Age at date of application: _____

Child's Gender: Male or Female

Parent's Name:	Parent's Name:
Address: Street City State Zip	Address: Street City State Zip
Home Phone: ()	Home Phone: ()
Workplace:	Workplace:
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
Email Address:	Email Address:

Child Lives with: _____

If applicable, please list the name(s) & Student "E" Number of parent(s) enrolled as ESU students:

Name: _____ E Number: _____

Name: _____ E Number: _____

In case we cannot reach you at the phone numbers you listed above, please list the names and daytime phone numbers of two relatives/friends that we can call to try and reach you in case we have an opening for your child.

Name: _____ Relationship to child: _____ Daytime Phone #: _____

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CECE offers full day programming five days a week from 7:30 am – 5:30 pm for children ages 12 months & walking to age 6. Five day a week enrollment is preferred; however, partial week enrollments may be available for our Preschool I & II rooms, depending upon current enrollment. Please rank your preference for enrollment.

M-F _____ T/TH _____ M/W/F _____

I understand that I am responsible for updating my address, schedule and phone number. I understand that this means that if I cannot be reached by phone, the CECE will call the next person on the waiting list.

Signature Date

For Office Use Only

Date Accepted: _____ Start Date: _____ Reservation Deposit Date: _____ Has Enroll Pckt: _____ Has Parent Hndbk: _____

Comments/Phone Contacts/Messages: