

Application for Waiting Pool*

Return to: Berkley Child & Family Development Center

1012 E 52nd St

Kansas City, MO 64110

PLEASE SUBMIT THE NONREFUNDABLE \$40.00 APPLICATION FEE WITH YOUR APPLICATION CARD

Child's Name _____ **Birthdate/Due Date** _____ **Sex** _____

Parent/Guardian Name(s) _____

Home Address: _____
Street City State Zip Code

Parent/Guardian Cell Phone Number _____

Parent/Guardian Employer: _____ **Job Title** _____

Work Address: _____
Street City State Zip Code

Work Phone: _____ **Email Address:** _____

Parent/Guardian Employer: _____ **Job Title** _____

Work Address: _____
Street City State Zip Code

Work Phone: _____ **Email Address:** _____

***PLEASE NOTIFY THE CENTER OF ANY CHANGES AS SOON AS POSSIBLE**

Over

Approximate Work Hours:

Parent/Guardian _____ Parent/Guardian _____

Race/ethnic origin (voluntary -information used for statistical purposes only)

Caucasian

Asian/Pacific Islander

African American

Hispanic

Native American

Other, Specify: _____

Sibling

MO DSS Child Care Subsidy (UMKC affiliate or community)

UMKC Faculty/Staff or Student

Non-subsidy community

List any special or unique needs to enroll your child in the Berkley Child and Family Development Center:

FOR OFFICE USE:

Date Received _____

Entered into Database _____

Letter Sent _____