



## Waiting List Application

A \$30.00 Waiting List Application fee must be submitted with this form. This fee is non-refundable and not transferable.

**Application Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

<b>Program</b>		
Check the appropriate program(s) and requested schedule. Families requesting a FULL-TIME schedule are given priority on the waiting list.		
<b>Early Childhood at Campus Center</b>  Part Time (T/TH)  Part Time (M/W/F)  Full Time (M-F)	<b>School Age at FFUMC</b>  Before School  After School  Holiday Program	<b>Infant &amp; Toddler at Dunkirk School 4</b>  Part Time (T/TH)  Part Time (M/W/F)  Full Time (M-F)

Requested start date: \_\_\_\_\_

<b>Parent/Guardian Name</b>				
<b>Home Address</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>
<b>E-Mail</b>				

### Affiliation(s) of either parent/guardian

Sibling Already Enrolled in a CCCC Program  
 Name \_\_\_\_\_ Program \_\_\_\_\_

SUNY Student  
 College \_\_\_\_\_

Faculty or Staff of SUNY Fredonia or NYS Employee  
 Union \_\_\_\_\_

Community Member \_\_\_\_\_

### Payment Information

Self Pay (Full Rate)  
 Self Pay (Applying for Reduced Rate)  
 NYS Block Grant (SUNY Students Only)  
 NYS Childcare Assistance  
     Already receiving/ approved for assistance  
     Applying for NYS Childcare Assistance

FOR OFFICE USE ONLY				
Date Received		Fee Paid		Initials

### Waiting List Priority

1. Students of SUNY Fredonia 2. Students of SUNY System Schools 3. SUNY Fredonia Faculty or NYS Employee requesting FULL-TIME care 4. SUNY Fredonia Staff requesting FULL-TIME care	5. Community Members requesting FULL-TIME care 6. SUNY Fredonia Faculty or NYS Employee requesting PART TIME 7. SUNY Fredonia Staff requesting PART TIME care 8. Community Members requesting PART TIME care
*Current Staff members are given first priority for enrollment of his or her own children when space is available.	



# HEALTH DEVELOPMENT QUESTIONNAIRE

Answers to the following questions assist the program to select the most appropriate setting for each child and support each family. Additional information may be requested to ensure the program is equipped to accommodate each child's needs and provide the highest quality care possible.

## **BIRTH** (Answer if the child you want to enroll is less than 12 months of age)

Child's Date of Birth: \_\_\_\_\_ Due Date: \_\_\_\_\_

Was the child born more than 3 weeks early or late? No Yes

What was the child's birth weight? \_\_\_\_\_

Were there any concerns about the child at birth? Or shortly after? No Yes

If yes, what? \_\_\_\_\_

## **MEDICAL** (Answer for all children)

Does the child have any diagnosed allergies or allergic reactions? No Yes

If yes, what? \_\_\_\_\_

Does the child have any dietary restrictions? No Yes

If yes, what? \_\_\_\_\_

Does the child have any diagnosed medical conditions? (Examples: diabetes, heart condition, severe asthma)? No Yes

If yes, what? \_\_\_\_\_

Does the medical condition affect the child's daily activities? No Yes

If yes, how? \_\_\_\_\_

Has the child ever had a serious accident or illness (Examples: broken bone, head injury, burn, poisoning)? No Yes

If yes, what? \_\_\_\_\_

Is your child up-to-date on all immunizations? No Yes

*Note: The Center only accepts children that are immunized. If the child is not up-to-date with immunizations, they must be on a plan to catch up with their physician.*

If no, explain. \_\_\_\_\_

## **DEVELOPMENTAL** (Answer for all children)

Do you have any concerns about the child's development? No Yes

If yes, what? \_\_\_\_\_

Has a medical professional expressed a concern about the child's development? No Yes

If yes, what? \_\_\_\_\_

Do you have any concerns about the child's speech/language development? No Yes

Can you understand the child? No Yes N/A

Can other people understand the child? No Yes N/A

Does the child relate well (play, share toys) with other children? No Yes N/A

Is the child receiving services from Early Intervention, Preschool Special Education or CSE (speech, occupational or physical therapy)? No Yes

If yes, what? \_\_\_\_\_