Application 1	Received	
---------------	----------	--

DICKINSON COLLEGE CHILDREN'S CENTER WAITING LIST APPLICATION

Child	Sex Date of Birth
Street Address	Phone
Dorant	Homa Dhona
ParentStreet Address	Home Phone Cell Phone
City State Zip	Work Phone
Place of Employment	
Parent	Home Phone
Street Address	
City State Zip	Work Phone
Place of Employment	
Parent's Signature	
Parent's Signature	Date
Director's Signature	Date
of birth and we will be happy to place your child in the Priority for enrollment is given to the following (Please check one)	
Dickinson College employee or stude Child with sibling currently enrolled Child whose parent is a Dickinson Co Dickinson College employee's grand	at DCCC ollege alumnus/alumna child ition assistance from CCIS (Child Care Information Services)
If enrolled at the center, please check which o	of the following ways you will be paying for the child care:
Private Pay Child Care Network/CCIS Other: Please check here if you are interested	in information on DCCC's scholarship.

*The receipt of this form in no way implies that the child will receive a space in the Dickinson College Children's Center. This application will place your child's name on a waiting list. You will be contacted by e-mail with a code. This code will enable you to determine your child's place on the waiting list which is posted on our website. Please remember that it is your responsibility to notify DCCC of any changes in your contact information.

*Upon enrollment you will be charged a \$60.00 non-refundable enrollment fee.