



# WAITLIST APPLICATION

### First Parent/Guardian:

### Second Parent/Guardian:

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
OSU Employee ID Number

\_\_\_\_\_  
OSU Employee ID Number

\_\_\_\_\_  
Email ([name.#@osu.edu](mailto:name.#@osu.edu), if available)

\_\_\_\_\_  
Email ([name.#@osu.edu](mailto:name.#@osu.edu), if available)

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone                  Work Phone

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone                  Work Phone

**OSU Affiliation:**  
\_\_\_\_ Student    \_\_\_\_ Grad Student  
\_\_\_\_ OSU Employee    \_\_\_\_ None

**OSU Affiliation:**  
\_\_\_\_ Student    \_\_\_\_ Grad Student  
\_\_\_\_ OSU Employee    \_\_\_\_ None

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address (if different)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
City                      State                      Zip Code

### Child Information:

\_\_\_\_\_  
Last Name                      First Name ("Baby" if unknown)                      Middle Name  
\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_\_  
Birth Date/Due Date                      Desired Start Date

Phone/Address same as:    \_\_\_\_ First Parent    \_\_\_\_ Second Parent

### Care needed: Select most preferred option

- \_\_\_\_ Full Time Day (6a-6p Mon-Fri)
- \_\_\_\_ Part Time Day (limited availability)
- \_\_\_\_ Part time Evening (6p-midnight)
- \_\_\_\_ Full Time Evening (2p-midnight)
- \_\_\_\_ Part Time Evening (2p-8p)
- \_\_\_\_ Hospital (days scheduled vary)

Are you eligible for publicly funded child care?    \_\_\_\_yes    \_\_\_\_no

Are you an ACCESS participant?    \_\_\_\_yes    \_\_\_\_no

Is one parent/guardian Pell Grant eligible (undergraduate students only)?    \_\_\_\_yes    \_\_\_\_no

Do you have another child    \_\_\_\_in the Child Care Program?    \_\_\_\_ on the Waitlist?

**Return to:**  
**Child Care Program**  
**2724 Defiance Drive**  
**Columbus OH 43210**  
**Phone: 614 292 4453 Fax: 614 247 8002**  
**E-mail: [childcare@hr.osu.edu](mailto:childcare@hr.osu.edu)    Web: <http://hr.osu.edu/childcare/>**