



# WAITLIST APPLICATION

THIS APPLICATION IS: \_\_\_\_\_NEW \_\_\_\_\_ANNUAL RENEWAL

**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

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

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

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  
725 Ackerman Road  
Columbus OH 43210**

**Phone: 614 292 4453 Fax: 614 292 4030**

**E-mail: [childcare@hr.osu.edu](mailto:childcare@hr.osu.edu) Web: <http://hr.osu.edu/childcare/>**