



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, if available)

Email (name.#@osu.edu, if available)

(____) _____ (____) _____
Mobile Phone Other Phone

(____) _____ (____) _____
Mobile Phone Other Phone

OSU Affiliation:
____ Student ____ Grad Student
____ Staff ____ Faculty ____ None

OSU Affiliation:
____ Student ____ Grad Student
____ Staff ____ Faculty ____ 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 (S)

- ____ Full Time Day (6a-6p Mon-Fri)
- ____ Part Time Day (limited availability)
- ____ Hospital (days scheduled vary)

- Second Shift Employees Only:**
- ____ Full Time Evening (2p-midnight)
 - ____ Part Time Evening (**2p-8p**)
 - ____ Part Time Evening (**6p-midnight**)

Do you have another child ____ in the Child Care Program? ____ on the Waitlist?

Return to:
Child Care Program
725 Ackerman Road
Columbus OH 43202
Phone: 614 292 4453 Fax: 614 292 4030
E-mail: CCP-waitlist@osu.edu

Waitlist verification is sent via email. If you do not receive verification within two weeks please email CCP-waitlist@osu.edu