



Kennedy Space Center

Child Development Center

A Avenue and 5th Street

Kennedy Space Center, Florida 32899

Phone: (321) 867-5437 Fax: (321) 867-5420

<input type="checkbox"/> Full – Time (5 days weekly)
<input type="checkbox"/> Part – Time (M/W/F OR T/Th) Mon__ Tu__ Wed __ Thurs __ Fri __

PRE-REGISTRATORY WAITING LIST FORM

Child's Full Name: _____
(Last) *(First)* *(Middle)*

If child is not born, may be listed as "Baby _____" Sex: _____

Date of Birth: _____ Anticipated Date of Enrollment: _____

Mother's Name / Legal Guardian: _____ Work (Company): _____

Address: _____ City: _____ State/zip: _____

Cell: _____ Work: _____ Email: _____

Father's Name / Legal Guardian: _____ Work (Company): _____

Address: _____ City: _____ State/zip: _____

Cell: _____ Work: _____ Email: _____

Grandparent (ONLY IF SPONSORING): _____ Work (Company): _____

Address: _____ City: _____ State/zip: _____

Cell: _____ Work: _____ Email: _____

Signature: _____ Date: _____

A confirmation email will be sent once the waiting list application has been processed.