



MAILING/ WAITING LIST INFORMATION INQUIRY
PLEASE WRITE CLEARLY AND ANSWER ALL QUESTIONS

Date: _____

How was the contact made? (Check One) By phone () In Person ()

Which Semester Are You Interested in?

Fall _____ Spring _____ Summer _____

Which service session are you requesting for your child? (Please check all that apply)

Day () Extended day (Evening-after 4:00pm) () Saturday () Overlap (Day classes combines with Evening classes)

Name (Parent) _____ Email: _____

Address: _____ City _____

State: _____ Zip Code _____ Telephone # () _____

Age of Child/ren _____ No. of Children _____ Child/ren birth dates _____

Child/ren's names _____

Please answer the following questions to help the EB/CR Child Development Center the future planning.

1. Are you a registered Medgar Evers College Student? Yes [] No []
If not, when will you start at Medgar Evers? _____

2. Did you enroll at Medgar Evers College because of childcare services offered? Yes [] No []

3. Is it necessary for you to have childcare before you can attend classes? Yes [] No []

4. Is there someone else who can provide you with childcare? Yes [] No []

5. If you can register your Child Development Center, will you maintain the
same or increase your number of classes? Maintain [] Increase []

6. If your child can not attend this center will you drop out of school or reduce your number of classes?
Drop Out [] Reduce Classes [] N/A []