

Rains ISD Child Development Center

Child Care Waiting List Application

Application Date _____

Date Child Care is needed _____

Child's Information

Child's Name		Child's Date of Birth/Due Date	
Child Resides With __ Both Parents __ Mother __ Father __ Other: _____		Approx. Age at Enrollment	Child's Gender __ Male __ Female
Child's Home Address & County			
<ul style="list-style-type: none"> We offer full-time care M-F 7 a.m. -4:20 p.m. We follow Rains ISD calendar 		(Check all that apply to your needs) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday	

Parents/Guardians

Parent's or Guardian's Name/Relationship to Child		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No.
Email Address (Mother)	Email Address (Father)	Email Address (Guardian)	
Place of Employment (Mother)	Place of Employment (Father)	Place of Employment (Guardian or Grandparent)	

For Office Use Only:

Contact Log: