

# UNMC Child Development Center Wait List Registration



Mom's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Email \_\_\_\_\_

Dad's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Affiliation: UNMC / NMC / UMA / UNO/Alumni Staff / Faculty / Student / Alumni

Child's Name \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_ If pregnant, please indicate expected delivery date: Due Date \_\_\_/\_\_\_/\_\_\_

Approximate date care will be needed \_\_\_/\_\_\_/\_\_\_

UNMC Child Development Center, 98-5570 Nebraska Medical Center  
Omaha, Ne. 68198-5570

## PARENTS, PLEASE NOTE THE FOLLOWING POLICIES REGARDING THE WAITING LIST:

1. Your position on the Waiting List is based on the date your completed registration form and fees are received
2. **The siblings of children currently enrolled in the Center receive priority status on the list**
3. Time lines and/or estimated entry date into the program are approximate. Requested start date may not coincide with actual availability.
5. There is no registration fee at this time.

Thank you for selecting the UNMC Child Development Center

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### Office Use Only

Date Received \_\_\_/\_\_\_/\_\_\_

Enrollment Date \_\_\_/\_\_\_/\_\_\_