

# Rains ISD Child Development Center

## Waiting List Application

We offer full time care Monday-Thursday from 7:00am-5:30pm and one Friday per month from 7:30am-4:00pm. We follow the Rains ISD school calendar.

Please return form to Holly Morgan at [morganh@rainsisd.org](mailto:morganh@rainsisd.org)

<b>Date of Application:</b>	
<b>Date Childcare is Needed:</b>	

### Child's Information

Child's Name:		DOB/Due Date:
Child Resides With: __ Both Parents__ Mother__ Father __ Other:	Child's Gender: __ Male __ Female	Aprox. Age at Enrollment:
Home Address:		

### Parent/Guardian Information

Parent/Guardian Name/Relationship to Child:	Address (if different from child):		
List any telephone numbers you can be reached while child is in our care			
Mother:	Father:	Guardian:	Other:
List email addresses you can be reached at			
Mother's Employment:	Father's Employment:		
Guardian/Grandparent's Employment:	Other (please specify):		

### For office use only

Contact Log:

Date Form Received: \_\_\_\_\_