

**Note: Receipt of this application does not guarantee enrollment. Admission preference is given to (1) children with siblings currently enrolled in the Center and (2) to USC faculty, staff & students. If you are not in one of the above categories, we are happy to add you to our waiting list; however, it is unlikely that your child will be admitted as an infant or toddler. Your place on our waiting list may go down if there are applications from current families or USC faculty, staff or students. The enrollment fee is **NON-REFUNDABLE**. No credit cards will be accepted for waiting registration fees.**



**CHILDREN'S CENTER AT USC**

**WAITING APPLICATION**

Application Date: \_\_\_\_\_ Requested start date: \_\_\_\_\_ Follow-up (office use only)  
 Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_\_ Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_\_  
 Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Child's Age:	Child's Date of Birth:
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mother's City/State/Zip:	Father's City/State/Zip:
Mother's Phone Numbers: Home: Work: Cell: Mother's Employer:	Father's Phone Numbers: Home: Work: Cell: Father's Employer:
Class: (please refer to Tuition Information Sheet)	Rate: (please refer to Tuition Information Sheet)
Enrollment Fee: (fill in only one) Single Child: \$ _____ 2 or More children: \$ _____	Check #: _____ Amount: \$ _____
Parent or Guardian Name: (please print)	Parent or Guardian Signature:

Email address: (for Email newsletters and Center information only) \_\_\_\_\_