



CHILD • DEVELOPMENT • CENTER

2980 Davis Road, Fairbanks AK 99709

Phone: 907-455-9466

Fax: 907-455-7208

### Wait Pool Application

Please Print Clearly

\_\_\_\_\_  
Mother/ Guardian Legal Name \*Date of Application

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*Cell Phone Work Phone

\_\_\_\_\_  
Father/ Guardian Legal Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*Cell Phone Work Phone

\_\_\_\_\_  
\*Email Address(s) (required to be contacted periodically concerning your child's enrollment)

\_\_\_\_\_  
Child's Full Name Birth Date M or F Date of Care Needed IEP?

\_\_\_\_\_  
Child's Full Name Birth Date M or F Date of Care Needed IEP?

\_\_\_\_\_  
Child's Full Name Birth Date M or F Date of Care Needed IEP?

**If you rely on a subsidy Program to pay any Part of your tuition, you are responsible for the entire cost of enrollment until we receive an official copy of the agency's authorization.**

**Please email any changes in contact information to [mjenkins@openarmsfairbanks.org](mailto:mjenkins@openarmsfairbanks.org) We will call, email or text you when there is an opening in the program. Thank you for your interest in our program!**

Revised 7/1/18