



**North Central State College/The Ohio State University—Mansfield  
Child Development Center  
CDC Waitlist Application**

THIS APPLICATION IS: \_\_\_\_\_ NEW \_\_\_\_\_ ANNUAL RENEWAL \_\_\_/\_\_\_/\_\_\_ APPLICATION DATE

First Parent/Guardian		Second Parent/Guardian	
Last Name	First Name	Last Name	First Name
Email (if available)		Email (if available)	
Home Phone	Cell Phone	Home Phone	Cell Phone
Financial Information			
Annual Income:	Household Size:	Has your child been identified with a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected	
NC State College		The Ohio State University	
_____ Student	_____ Staff	_____ Student	_____ Staff
_____ Faculty	_____ None	_____ Faculty	_____ None

Home Address			Home Address (if different)		
City	State	Zip Code	City	State	Zip Code

Child Information		
Last Name	First Name ("Baby if unknown")	Middle
Last Name	First Name ("Baby if unknown")	Middle
Birth Date/Due Date		Desired Start Date

CARE NEEDED: SELECT MOST PREFERRED OPTION (S)	
<input type="checkbox"/> Full Time (7a-5:30p Monday-Friday)	Days and Times Needed: _____
<input type="checkbox"/> Part Time (limited availability)	Days and Times Needed: _____
Do you have another child in the childcare program? _____ on the Waitlist? _____	

Parent/Guardian Signature \_\_\_\_\_

Return to:

**The Child Development Center  
2441 Kenwood Circle  
Mansfield, Ohio 44906**

Phone: 419-755-5600 Fax: 419-755-5605

Email: [CDC@ncstatecollege.edu](mailto:CDC@ncstatecollege.edu)

Waitlist verification is made by phone. If you do not receive verification within three weeks, please email [CDC@ncstatecollege.edu](mailto:CDC@ncstatecollege.edu)

For Office Use Only	
Date of contact	Notes