

The University of South Dakota

VUCUREVICH CHILDREN'S CENTER



UNIVERSITY OF  
SOUTH DAKOTA

(605) 677- 6880 / [childcare@usd.edu](mailto:childcare@usd.edu)

## WAITING LIST FORM

Today's Date: _____	Proposed Start Date: _____
Mother's Last Name: _____	Father's Last Name: _____
Mother's First Name: _____	Father's First Name: _____
USD Student: Yes _____ No _____	USD Student: Yes _____ No _____
Mother's email: _____	Father's email: _____
Telephone: _____	Telephone: _____
Cell Phone: _____	Cell Phone: _____
Address: _____	
Child's Last Name: _____	Child's First Name: _____
Child's Gender: _____	
Date of Birth/Due Date : _____	

### Specify Care Needed

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer \_\_\_\_\_

### Follow-up Log (For Office Use Only)

Deposit Rec'd \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Comments: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Comments: \_\_\_\_\_