



Kennedy Space Center

Child Development Center

A Avenue & 5th Street

Kennedy Space Center, Florida 32899

Phone: (321) 867-5437 Fax: (321) 867-5420

WAITING LIST FORM

Child's Full Name: _____
(Last) (First) (Middle)

If child is not born, may be listed as "Baby _____" Sex: _____

Birthdate (or due date): _____ Anticipated Date of Enrollment: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____
(Street) (Street)

City/State: _____ City/State: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Mother's Work Company:

Father's Work Company:

Signature

Signature

Date

Date

A confirmation letter will be mailed to your home address after the waiting list application has been processed.

Thank you for your interest in the KSC Child Development Center