

**ACPC**  
920 Carroll Avenue  
Ames, IA 50010  
515-233-2901

**WAITING LIST FORM**

Present Date \_\_\_\_\_

Child \_\_\_\_\_  
  First Name  Middle  Last

Sex \_\_\_\_\_  Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  Phone \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Mother's workplace/student \_\_\_\_\_  Phone \_\_\_\_\_

Father's workplace/student \_\_\_\_\_  Phone \_\_\_\_\_

**Email for ACPC communications** \_\_\_\_\_

**CHILDCARE NEEDS**

Full or Part time care for toddler/preschooler \_\_\_\_\_

Before/After School care \_\_\_\_\_  School \_\_\_\_\_

Days/hours of care needed \_\_\_\_\_

When would you like care to start? \_\_\_\_\_

Thank you for your interest in ACPC. We will notify you when a space becomes available. At that time you will be asked to pay a one-time **enrollment fee**. The fee is \$ 50.00 for one child or \$ 75.00 for two. Please do not send money now. If you have additional questions, please call the ACPC office (233-2901).