



kids campus
AT SFCC

learn • play • grow

Waiting List Application

Please fill one out per child.

Date: _____

Date you would like your child to be enrolled: _____

Semester: _____

Child's Name: _____
Last Name First Name MI

Female Male Date of Birth: ____/____/____ Are you affiliated with Santa Fe Community College? Yes No

If yes, What is your affiliation?

Staff /Faculty (Please describe): _____

Student: Adult Basic Education English as a second Language SFCC student FT Student PT Student

Degree/Certification: _____

If no, how did you hear about Kids Campus at SFCC? _____

Required: How will you be paying for your child's care? Please indicate if you will be applying for CYFD child care assistance FT or PT.

Self-Pay CYFD Financial Aid Other

Parent/Legal Guardian Name: _____
Last Name First Name MI

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Occupation: _____

Does your child have any health or dietary issues? Yes No

If yes, please describe: _____

Please Note: Kids Campus requires that all children enrolling in the program be immunized according to the schedule recommended and published by the American Academy of Pediatrics, the Center for Disease Control and the Academy of Family practice. All children must have a copy of their current immunization record on file before they can begin. If your child is not immunized because of family or religious beliefs, you must provide a New Mexico Department of Health Certification of Exemption verifying your child can attend the program. The Certification is good for nine months.

Parent/Legal Guardian Signature: _____

Date: _____