

Bombeck Family Learning Center Waitlist Form

Child's Name:	_DOB:	Gender:
Parent's Name:		
Address:	_	
City: State: Zip:	-	
PH#: Wk Cell:	-	
Email:	_	
Enrollment Priority Ranking: Please check your affilia	tion with the University	γ of Dayton
1. UD employee with one or more c	hild(ren) presently enro	olled
2. No affiliation with UD with one of	more child(ren) preser	ntly enrolled
3. UD employee		
4. UD student		
5. UD alumni		
6. No affiliation with UD		
If UD employee department or office	Campus	Ph#

Waiting List

PLEASE NOTE: Spaces are very limited and openings are rare. Due to the extent of our waiting list and large amount of inquires we cannot respond to each request. We truly wish we could and most importantly offer all the children a spot in our program. Due to the complexity of the waitlist process, which involves many factors we are unable to indicate what number you are in the queue. You will be notified when we have an opening approximately 6 weeks prior to enrollment. Again, we simply cannot answer every request. We apologize for the inconvenience.

Desire enrollment date: _____

Parent Signature: _____ Date Submitted: _____