



**UnityPoint Health Child Development Center
Waiting List Application**

Date _____

Child's Name _____

Birth date ____/____/____ or Due Date _____

Date care is needed _____

Days and times per week when you will need care

Do you have another child enrolled in the Center? ____Yes ____No

Notes _____

Parents or Guardians:	Mother	Father
Name		
Address		
City		
State/Zip		
Phone		
Place of Employment		
Department and Campus		
Phone		

Return to UnityPoint Health Child Development Center, 1200 Pleasant Street, Des Moines, Iowa 50309 or Fax to 241-8808.

- If your child is a newborn you must notify the Center when your child is born and an approximate return to work date is established to make sure your child is being considered for any opening. Parents will be notified when openings occur.

OFFICE USE ONLY

Date Application Received _____ By _____