



RICE CHILDREN'S CAMPUS WAIT LIST APPLICATION

Your Name: _____ NetID: _____

Department/Prospective Department: _____

Job Title: _____

Have you accepted an employment offer from Rice?: Yes No

CHILD'S INFORMATION

Desired Date of Entry: _____
Month Day Year

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Female Male

Birth date: _____
Month Day Year

Due Date: _____
(if expecting) Month Day Year

Child's Age: _____

Sibling Information: _____
Name Age

Sibling Information: _____
Name Age

Sibling Information: _____
Name Age

PARENT / GUARDIAN INFORMATION

Parent / Guardian I

Name: _____

Relationship to Child: _____

Home Address: _____

_____ City _____ State _____ Zip

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Parent / Guardian II

Name: _____

Relationship to Child: _____

Home Address: _____

_____ City _____ State _____ Zip

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

PREVIOUS PROGRAM INFORMATION

Previous schools/programs your child has attended:

Upon completion, please mail or fax to:
Center for Early Childhood Education (CECE)
Attn: Karen Gatten
5504 Chaucer Drive
Houston, TX 77002
Fax: 713-348-5890

IF SEEKING TO ENROLL MULTIPLE CHILDREN, PLEASE ADD THIS FORM TO YOUR APPLICATION
(make copies as necessary):

CHILD'S INFORMATION

Desired Date of Entry: _____
Month Day Year

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Female Male

Birthdate: _____
Month Day Year

Due Date: _____
(if expecting) Month Day Year

Child's Age: _____

CHILD'S INFORMATION

Desired Date of Entry: _____
Month Day Year

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Female Male

Birthdate: _____
Month Day Year

Due Date: _____
(if expecting) Month Day Year

Child's Age: _____