



Department of Education
 Early Childhood Education Program
 North Las Vegas Campus
 Sort Code NLVS149
 3200 East Cheyenne Avenue
 N. Las Vegas, NV 89030-4228

Department of Education
 Early Childhood Education Program
 Charleston Campus
 Sort Code WCMOD7
 6375 W. Charleston BLVD
 Las Vegas, NV 89146-7392

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Early Childhood Education Lab Program – Waitlist Application

Today's Date: _____

Desired Start Date: _____

Child's Name: _____

Birth date: ___/___/___ Age: _____

Child's Name: _____

Birth date: ___/___/___ Age: _____

Child's Name: _____

Birth date: ___/___/___ Age: _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Email: _____

Parent/Legal Guardian Mobile Phone: _____

Parent/Legal Guardian Work/Home Phone: _____

Address: _____

(Number, Street, Apartment/Unit #)

(City)

(State)

(Zip Code)

Please tell us about your connection to CSN (check all that apply):

- Returning/Previously Enrolled Family
- CSN Student CSN/NSHE ID: _____
- CSN Staff/Faculty Member
- Community Member/Non-Student

What schedule are you interested in for your child?

- 2 days (T/Th)
- 3 days (M/W/F)
- 5 days (M-F)
- Flexible schedule *(available for CSN students; choose specific days based on your semester schedule)*

Please let us know how you anticipate paying child care tuition. This helps us connect families with available resources.

- Private Pay
- Child Care Subsidy *(Please specify: _____)*
- Other: *(Please specify: _____)*

Nevada System of Higher Education

Charleston Campus

Cheyenne Campus

Henderson Campus

Academic & Learning Centers

Preferred CSN ECE Lab Program location for your child(ren):

- North Las Vegas (Cheyenne)
 West Charleston (*Please note: West Charleston is temporarily closed, reopen date TBD*)

How did you hear about us?

- Advertising Drive-by Event Internet Radio TV Signage
 Other source: _____ Referral – referred by: _____

Is your child currently enrolled in a preschool or childcare program? Yes No

Why do you wish to enroll your child in this program? (optional): _____

If your child has an identified special need, please explain here (optional): _____

Parent/Guardian Acknowledgment

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or incomplete information may affect my child's eligibility for enrollment.

Printed Name: _____ **Date:** _____

Signature: _____

Vacancies are filled according to the date the application is received by the Early Childhood Education Lab Program. It is the parent/guardian's responsibility to update the information on this application. For change of information or any questions regarding our program, please feel free to call our office.

(For Office Use Only)

Date entered in Procure: _____ Initials: _____

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