



Early Childhood Education Lab Program

A model of care and education for young children

Charleston Campus
6375 W. Charleston Blvd. WCMOD7
Las Vegas, NV 89146
702.651.7390
702.651.7392 fax

North Las Vegas Campus
3200 E. Cheyenne Ave. NLVS-149
North Las Vegas, NV 89030
702.651.4004
702.651.4781 fax

WAITLIST APPLICATION

Date _____

Parent / Legal Guardian name _____ CSN NSHE

_____ Parent /

Legal Guardian E-mail address _____

Primary Phone # (_____) _____ Alt. Phone # (_____) _____

Address _____
(Number, Street, Apt. #)

(City) (State) (Zip Code)

Child's name _____ Birth date ____/____/____
(Last) (First)

Child's name _____ Birth date ____/____/____
(Last) (First)

Please check all that apply

- Family previously enrolled College Staff Student Non-Student

Interested in

- 2 days (T/Th) 3 days (M/W/F) 5 days (M-F) Flexible Enrollment (CSN Student's only)

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

Why do you wish to enroll your child in this program? _____

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

I give the Early Childhood Education Lab Program permission to fax this form to Charleston
 North Las Vegas office in order to be placed on their waiting list.

(Parent/Legal Guardian's 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)