

UT Southwestern-UT Dallas Callier Child Development Program Application

Please complete this form to include ALL requested information and return by fax to **214-905-3004** or mail to: Callier Education Office at 1966 Inwood Road, Dallas, TX 75235

Child's Name: _____	
(Last name)	(First name)
Child's birth-date: _____ (month/day/year)	Child's gender: F M
Home address: _____ City/Zip _____	
Sibling currently enrolled in Callier Child Development Program? No Yes _____	
Sibling currently on waiting list? No Yes _____	

This section to be completed by the UT Dallas affiliated parent or guardian.

_____	_____
<i>Last name</i>	<i>First name</i>
Relationship to child: _____	
Day phone _____	Cell/pager _____
Email _____	
Callier Department: _____	
Job Title: _____	

This section to be completed by the spouse of the UT Dallas affiliated parent or guardian, if applicable.

_____	_____
<i>Last name</i>	<i>First name</i>
Relationship to child: _____	
Day phone _____	Cell/pager _____
Email _____	
Employer: _____	
Job Title: _____	

As openings are available, offers are made to the next applicant on the list. If you choose not to accept an offer, you may: 1) Pay a \$100 holding fee and maintain your waiting list position based on original application date; 2) Submit a new application at no charge and be placed on the waiting list as of the date of the new application. If you have a preferred start date and wish to not be considered for first available enrollment, you may pay the \$100 holding fee at the time of application and be placed on the waiting list as an inactive applicant until the date you indicate.

Preferred activation date: _____ (Offers will not be made prior to this date.)