



The Nisonger Center
McC Campbell Hall
1581 Dodd Drive
Columbus, Ohio 43210
614-685-3191

Dear Prospective Family,

Thank you for your interest in The Nisonger Early Childhood Education Center. We are located on The Ohio State University Medical Center campus. Our goal is to offer quality inclusion childcare to typically developing children as well as children with developmental delays.

Interested families are encouraged to place their name on the waitlist as soon as possible since applications are maintained in the order of receipt. Families will be required to pay a non-refundable fee of \$50 to secure their name on the waitlist. When a spot comes available the fee will serve as your registration fee. Priority is given to families with children already enrolled in the center, Nisonger Staff, OSU staff, faculty and students and OSU Medical Center staff.

The Administrator reviews the waitlist application monthly and offers available openings to families who are next on the waitlist. The applicant may refuse the opening or ask to remain on the list for a later date. When a family accepts an opening, then a deposit of one week's tuition will be required to ensure their child's placement. This fee will then be used to pay the last week of service when you withdraw from the center. Please note the deposit will only be returned if given a 30 day notice to the Center regarding denial of the opening or leaving the Center.

Unfortunately, waitlists can be unpredictable so it is difficult to be precise about admittance to the Center. We recommend you call periodically to check your status on the waitlist and/or update your information if necessary. Under normal circumstances we will confirm your enrollment one month prior to the enrollment date.

Please feel free to call the Center at any time with questions or to check your status.

Thank you,

Deanna Kropf
Program Manager
OSU Nisonger Center

WAITLIST APPLICATION

Nisonger Early Childhood Education Program

1581 Dodd Drive McCampbell Hall

Columbus, Ohio 43210

614-685-3191

A \$50.00 non-refundable fee must accompany the waitlist application.

Child's Name: _____
Child's Birthdate or Expected Due Date: _____
Approximate date care needed: _____

Parent Name: _____
Address: _____
Phone Numbers (work): _____ (home): _____
(cell): _____ (email address): _____
Check all that apply: Ohio State University Employee OSU Medical Center Employee
 Nisonger Employee OSU Student Other _____

Parent Name: _____
Address (if different): _____
Phone Numbers (work): _____ (home): _____
(cell): _____ (email address): _____
Check all that apply: Ohio State University Employee OSU Medical Center Employee
 Nisonger Employee OSU Student Other _____

For office use only: Date Received: _____ Check # _____ Staff Initials: _____



THE OHIO STATE UNIVERSITY

NISONGER CENTER