

# APPLICATION FOR WAITING LIST



Application Date \_\_\_\_\_

Preferred Starting Date \_\_\_\_\_

Expected Ending Date \_\_\_\_\_

Days per week of childcare needed: M T W T H F

Child's Name (First, Last) \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Child Lives with: ( ) Both Parents ( ) Other:

Parent 1's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ E-mail Address \_\_\_\_\_

P-1's Home Address and Phone (if different from child's) \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_ E-mail Address \_\_\_\_\_

P-2's Home Address and Phone (if different from child's) \_\_\_\_\_

**\*\*The Waiting List Fee is waived at this time.**

<b>Official Use Only</b>
Check # _____
MC/Visa _____
Admin Initial _____