

APPLICATION FOR WAITLIST

Parent / Guardian Name _____

Mailing Address:

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email address (please print clearly) _____

How should we contact you? _____

Primary Language Spoken at home?

English Spanish French German other _____

Would you like an interpreter?

____ Yes ____ No

Child's Name : _____

Date of Birth: _____ Age: _____

Due Date: _____ If adopting anticipated date of adoption: _____

Preferred Schedule: *(part-time schedules are: Tuesday & Thursday or Monday, Wednesday & Friday)*

Full-time: Monday through Friday

Tuesday & Thursday

Monday, Wednesday & Friday

When would you like your child to begin?

Has your child had previous childcare experience?

At age _____

Yes _____

ASAP _____

No

Client Status?

Voucher

Sliding Fee Scale

ASPIRE / PAS

Private Rate

Does your child have any special health care needs? Yes No

If yes, please describe briefly _____

Parent / Guardian's Signature: _____ Date: _____

For office use only

Date received _____

Information added to w/ _____

\$25.00 Fee Collected: _____

Fee Waived: _____

