

WAITING LIST

(Please insert all relevant information)

CHILDS NAME _____

DATE OF BIRTH _____

ADDRESS _____

PARENTS/GUARDIANS NAME _____

TELEPHONE **MOBILE** _____ **HOME** _____

MEDICAL CARD **YES/NO**

PREFERRED HOURS FOR CHILDCARE

PLEASE CIRCLE PREFERANCE

MORNING **8:30-1:30**

AFTERNOON **1:30-5:45**

FULL TIME **8:30- 5:45**