



# Waiting List

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employed by:**

Federal Employee \_\_\_\_\_ Other Federal Employee \_\_\_\_\_

Agency \_\_\_\_\_ Component \_\_\_\_\_

Supervisor name and phone number \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

**Please list child's/children's names that you are placing on the waiting list.**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

When do you need care? \_\_\_\_\_ Full time \_\_\_ Part time indicate days **MTWTF**  
( No part time care for Infants or Toddlers )

Please list any allergies or special needs \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

When do you need care? \_\_\_\_\_ Full time \_\_\_ Part time indicate days **MTWTF**  
( No part time care for Infants or Toddlers )

Please list any allergies or special needs \_\_\_\_\_

Do you currently have another child/children enrolled in the center? \_\_\_ Yes \_\_\_ No

If yes please list the child's/Children's name(s) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Office Use Only**

Date Family placed on the waiting list \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed by \_\_\_\_\_

Note and follow - up calls: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_