



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: _____
