Waitlist form

We keep this list current, so the more exact you are about the days you need and when you could start, the better our chances of matching you to an opening.

THE CHILD

Child's name | Date of birth, or due date | Town you live in

THE CARE YOU NEED

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Hours you need, roughly | Earliest start date | Latest start that still works

Would fewer days work as a start? ☐ Yes ☐ No **Could you start later than your ideal date?** ☐ Yes ☐ No

HOW TO REACH YOU

Parent or guardian name | Phone | Email

Which will you actually answer? ☐ Call ☐ Text ☐ Email When a spot opens we call first, then email, and we ask for an answer within two days.

ANYTHING WE SHOULD KNOW

Care needs, an older sibling already enrolled, how you heard about us

ALSO APPLIES TO

☐ A sibling, also needing a spot

Sibling name and date of birth

☐ We already have a child enrolled here

HOW OUR WAITLIST WORKS

We check in with every family on the list about once a quarter. If we cannot reach you twice, we take the entry off, so please tell us when your plans change or you find care elsewhere. Openings go to e.g. siblings first, then date added, then schedule fit. Being on the list does not hold a specific spot or date.

PARENT OR GUARDIAN SIGNATURE | DATE

OFFICE USE

Date added | Room they age into | Priority notes | Fee paid, if any

LAST CONTACTED	BY WHOM	STILL NEEDS CARE? OUTCOME