



Children's House Learning, Inc.

Waiting List Information

Date: _____

Parent/Guardian Information

Full Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

City _____ State _____ ZIP Code _____

Home/Cell Phone: () _____ Work Phone: () _____

E-mail Address: _____

MassMutual Employee? Yes No **NEFW Voucher?** Yes No **Baystate Medical Center FT Employee?** Yes No
Western New England University FT Student or FT Employee? Yes No **Big Y F.T. Employee?** Yes No

Child Information

Child's Name: _____ Birth Date or Due Date: _____

Sibling(s) Enrolled? If yes, name/age of sibling? _____

Another child currently on waiting list? Name/Age: _____

Please complete a separate form for each child.

Additional Info

When would you like a slot to be available? _____

Full time (4 or 5 days/week) or Part time (2 or 3 days/week)? _____

If part time, are specific days needed or is there flexibility? _____

Is there any other information you would like to share? (i.e. additional contact info, special considerations, special needs, etc.)

MassMutual Subsidy and Western New England University, Big Y Corporation and Baystate Medical Center Discounts Available*

* Some restrictions apply

Children's House Learning, Inc. also accepts a limited number of New England Farm Workers Vouchers

Children's House Learning, Inc. is an approved Military subsidy provider (NACCRAA)

Wait list forms may be shared amongst the three Children's House Learning, Inc. sites in an attempt to offer parents more opportunities for enrollment.