



Children's House, Inc.

Waiting List Information

Date: _____

Parent/Guardian Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Work Phone: () _____

E-mail Address: _____

MassMutual Employee? Yes No Baystate Medical Center Employee? Yes No
Western New England College Employee? Yes No

Child Information

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

Address: _____ City, State, Zip _____

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. cell phone #, special considerations, etc.)

**MassMutual and Western New England College
and Baystate Medical Center Discounts Available**

Children's House, Inc. accepts New England Farm Workers Vouchers.