

## **Children's House Learning, Inc.**

## Waiting List Information

	remain on the wa leting another wa		ate your interest every 6	i month	S	Date	<u>).</u>
by comp			ent/Guardian Informat	ion		Dutt	
Full Name:	First			Last			
Address:	Street Address						Apartment/Unit #
Home/Cell Phone:			Work Phone:	(	)	State	ZIP Code
	icher? Yes No		I Center FT Employee? / FT Employee? Yes				
<b></b>			Child Information				
Child's Name:			Birth Date or Due Date:				
Sibling(s) Er	rolled? If yes, nam	ne/age of sibling?					
Another child	d currently on waiti	ng list? Name/Ag	e:				
Please com	plete a separate f	orm for each chi	ild (unless twins/multip Additional Info	oles wit	h sam	e birthda	ate).
When would	you like a slot to b	e available?					
Full time (4 c	or 5 days/week) or	Part time (2 or 3	days/week)?				
If part time, a	are specific days n	eeded or is there	flexibility?				
Is there any needs, etc.)	other information y	vou would like to s	share? (i.e. additional co	ntact inf	fo, spe	cial consi	iderations, special
	We	stern New Eng	gland University, Big	g Y Co	orpora	ation	

and Baystate Medical Center Discounts Available\* \* Some restrictions apply Children's House Learning, Inc. also accepts a limited number of Child Care Resource (CCR&R) Vouchers Children's House Learning, Inc. is an approved Military subsidy provider

(Child Care Aware/ NACCRAA)

**Notes:** 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. **All centers are open 8:00 am to 5:00 pm.** Wait list forms discarded after six months. Please complete a new form if you are still interested in enrollment. Thank you!