

# Greater Quincy Child Care Center Enrollment/Waitlist Application

Parent Name 1: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best to call? Home, Work or Cell \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name 2: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best to call? Home, Work or Cell \_\_\_\_\_

Email: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Desired Enrollment Date: \_\_\_\_\_

Schedule: Check the days below for desired schedule.

Monday	Tuesday	Wednesday	Thursday	Friday

If your desired schedule isn't available, please check here if you would still like us to contact you with alternative options (*example: Full time M-F is not available, but you are flexible and would be interested in Mon/Tues/Thu*). Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Parent's Signature

**Please note: This application is valid for 12 months**

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For center Use:

Date Application Received: \_\_\_\_\_

Tour Given: \_\_\_\_\_

Enrolled in the Program: \_\_\_\_\_