



WAITING LIST APPLICATION FORM

TODAY'S DATE: _____ CHILD'S NAME: _____

BIRTHDATE: _____ DUE DATE: _____ MALE / FEMALE

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ FIRST DAY YOU WOULD LIKE TO START: _____

Parent / Guardian Place of Employment

Mother / Guardian: _____ Occupation: _____

Place of employment: _____ Phone number: _____

Federal employment: YES / NO Federal employment verification form submitted? YES / NO

Father / Guardian: _____ Occupation: _____

Place of employment: _____ Phone number: _____

Federal employment: YES / NO Federal employment verification form submitted? YES / NO

Days of the week and hours preferred within center hours of 6:45am to 5:30 pm

- MONDAY _____ TO _____
- TUESDAY _____ TO _____
- WEDNESDAY _____ TO _____
- THURSDAY _____ TO _____
- FRIDAY _____ TO _____

Waiting list applications are added to the waiting list by priority and in order received. First to children whose age is appropriate for the group, then 1) children of VAKC staff, 2) siblings of enrolled children, 3) VA Hospital employees, 4) Federal employees, and 5) community families. Families who are an appropriate match for available openings are called when a vacancy occurs. Regardless of your priority status, should you decline an available opening, your application may be moved to the back of the waiting list. For immediate openings, families may have the opportunity to pay holding fees, to reserve an immediate opening until their child is ready to start.

Should an immediate opening become available, I am interested in reserving the spot by paying holding fees until the first day my child attends. YES / NO

Name (Printed)

Signature

Date

Return or mail application with a \$30.00 non-refundable application fee.