



Infant and Toddler Child Care Waitlist Application

Child's Information

Child's First Name: _____

Child's Last Name: _____

Child's Birth Date/Due Date: _____

Do you have another child requiring care?

If Yes, Child's birth date: _____
: _____

Parent/Guardian Information

Parent's First Name: _____

Parent's Last Name: _____

Phone Number: _____

Alternate Phone Number: _____

E-mail Address: _____

Do you have children who are currently attending a YMCA licensed child care program?

___ NO ___ YES If yes, which program are they currently attending? _____

Preferred Admission Month?

How did you hear about or what helped you decide in choosing YMCA Child Care (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Google/ Search Engine | <input type="checkbox"/> Facebook/ Social Media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper Feature |
| <input type="checkbox"/> TV | <input type="checkbox"/> Event |
| <input type="checkbox"/> School | <input type="checkbox"/> Billboard/ Bus Stop |
| <input type="checkbox"/> Other Advertising | |

<u>Office Use Only</u>	
Date Received:	Registration Contact Date: Rejected Accepted

*Building healthy
communities*

