



**WAITLIST REQUEST FORM**

Today's Date \_\_\_\_\_

To be placed on our waiting list, please submit your **non-refundable fee of \$50 (\$60 for 2 or more children) with your application.** *This fee is waived for employees of SFO Airport and the County of San Mateo.*

Child Information		
Child's Last Name	Child's Last Name	
Child's First Name	Child's First Name	
Date of Birth	Date of Birth	
Gender	M      F	Gender      M      F
Requested Start Date	Requested Start Date	
Is a sibling enrolled at Palcare?	Yes      No	If yes, Name and Classroom

Parent Information		
Parent Last Name	Parent Last Name	
Parent First Name	Parent First Name	
Address	Address	
City, State Zip Code	City, State Zip Code	
Home Phone Number	Home Phone Number	
Cell Phone Number	Cell Phone Number	
Email Address	Email Address	
Employer	Employer	
Is your job related to SFO Airport?	Yes      No	Is your job related to SFO Airport?    Yes      No

**Schedule**

Please describe the schedule of care that you need, including evenings and weekends.

Monday through Friday      Part Time      Saturdays      Evenings      Other, please describe  
or Full Time

**Scholarship**

Would you like to be considered for low-income Scholarship?      Yes      No

If yes, have you applied for, or are you receiving funding through the Child Care Coordinating Council (4C's) or S.M. County CEL?      Yes      No

Please describe the funding you receive from 4C's or CEL

**Other**

How did you hear about Palcare?    Advertisement?    Sign?    From a Friend?    Other?

**I understand that enrollment on the Palcare waitlist does not imply or guarantee enrollment in the center. Enrollment offered will be based on space available, priority on the waitlist, date of the application, and the needs of the family. To remain active on the waitlist family contact information and current child care needs must be updated every six months.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use**      WL Confirmation      WL Ent. & Paid

