

## **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 SFO Airport, and Mills-Peninsula Hospital.

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		
Work Phone Number		Work 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 or Full Time	Saturdays	Evenings	Other, please describe	

## **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?

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

945 California Drive, Burlingame, California 94010

## 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

Notes:



