

Waiting List Application

Fill in shaded area ONLY

How will you be paying? <input type="checkbox"/> Self <input type="checkbox"/> DSHS approved <input type="checkbox"/> applying for DSHS <input type="checkbox"/> Grant <input type="checkbox"/> Other				
<input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Teen <input type="checkbox"/> WorkFirst <input type="checkbox"/> ECEAP Only <input type="checkbox"/> ECEAP & Student <input type="checkbox"/> Other				
Name of Person Inquiring		Start Date		Today's Date
1st Child Participating in Program	Birthdate	Walking?		Room
		Potty Trained?		
2nd Child Participating in Program	Birthdate	Walking?		Room
		Potty Trained?		
3rd Child Participating in Program	Birthdate	Walking?		Room
		Potty Trained?		
Home Mailing Address		City	State	Zip
Phone #s: (H)		(C)	(W)	(M)
DAYS AND HOURS CHILD CARE IS NEEDED	M			
	T			
	W			
	TH			
	F			

Below for Office Use Only

<input type="checkbox"/> Application was picked up. (Date) _____	DSHS Approval Information
<input type="checkbox"/> Application was left at window. (Date) _____	
<input type="checkbox"/> Application was mailed. (Date) _____	
<input type="checkbox"/> Slot reserved through date of _____ (3 days from window or pickup date or 5 days from mailing date)	
<input type="checkbox"/> Explained that slot is reserved for 3 days from date of application pick-up or window placement or 5 days from application mailing date.	
<input type="checkbox"/> Registration fee explained	
<input type="checkbox"/> Parenting component explained (register for Parent Ed & bring in "pd" receipt)	
<input type="checkbox"/> Needs to register for college classes before slot times can be arranged. Will call with times.	
<input type="checkbox"/> DSHS in process - Parent will call when approved	
<input type="checkbox"/> DSHS approved - Parent will bring in confirmation	
Dates Office Attempted Phone Contact:	
Comments:	