

Child Care Wait List Request

Circle one

Pre-School School Age

Child's Name _____ Today's Date _____

Home Address _____ City _____ Zip Code _____

Parent or Guardian to contact _____

Home Phone _____ Work Phone _____

CHILD'S INFORMATION

Date of Birth _____ Age _____ Order of Birth _____ Number of Siblings _____

Grade in School _____ School Attending _____

ADDITIONAL INFORMATION

Please circle what kind of care *Full Time Part time*

FINANCIAL INFORMATION

1. Will you be applying for Financial Aid? (Circle One) *Yes No*

If you answered yes continue to Question 2...

If you answered no just sign and date.

2. Will you be receiving a Voucher from the Child Care Circuit? (Circle One) *Yes No*

If you answered yes just sign and date.

If you answered no continue to Question 3...

3. Verification Information

Parent Social Security Number _____ - _____ - _____ Child Social Security Number _____ - _____ - _____

Is the above child a foster child? Yes No

Income Verification:

Total household income before taxes from wages \$ _____ /Monthly

Total number of People living in the home (including parent and child above) _____.

****Note: Please be advised that if this form is not fully completed, it will be denied .The Saugus YMCA must report all waitlist requests to the Department of early Education and Care**

Parent/Guardian Signature _____ Date _____

Program Director's Notes
