**WAITLIST APPLICATION**

**Little People’s Place, Linda Brehmer, Director**

**8014 16th Ave. NE, Seattle Wa. 98115**

**206-528-1154 www.littlepeoplesplace.org**

**Child’s Information Todays Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth / Expected Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Please call within 4 weeks of the birth of your child to confirm birth and to keep your name on the waiting list.

Is your child currently in childcare? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

When is care required? Month:\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

Is there any other information you feel we should know. Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

**Parent 1:**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_

Phone (h): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (w):\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours of Care**

Please circle the days you require care:

Monday Tuesday Wednesday Thursday Friday

Hours you require care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_