



Harry Pregerson Child Care Center Family Information Sheet

IDENTIFICATION COPY

Parent/Guardian Name: _____

Child's Name: _____

Due Date: _____ Child's DOB: _____

Home Address: _____

Same as ID Number Street Apt. #

City State Zip Code

Email Address: _____ Add me to the MWPCCC email list.

Phone: _____ Work: _____ Cell: _____
(Area Code) Number (Area Code) Number (Area Code) Number

Employer: Federal Government Other

Federal Department/Employer: _____

Please indicate requested days and hours child care is preferred:

Preferred Start Date: Mon Tues Wed Thu Fri

__ Hrs.: _____ Hrs.: _____ Hrs.: _____ Hrs.: _____ Hrs.: _____

I make less than \$65,000.00 per year total household income and may possibly qualify for a Board Scholarship.

WAIT LIST INFORMATION

- Enrollment is based on a first-come, first-served basis.
- There is a \$125.00 non-refundable fee to be placed on the waiting list.
- There is a \$185.00 non-refundable fee due at the time of enrollment.
- Parents must be Federal employees to qualify for Federal Rates and /or HP Board Scholarship.
- Your waitlist space expires when your child ages out of our program, at 6 years old.
- **The application is non-transferrable; it may not be transferred to family members or other children.**

PLEASE MAKE ALL CHECKS PAYABLE TO **MWPCCC**

----- **OFFICE USE ONLY** -----

Date Added to Waitlist: _____ CK/MO#: _____ Staff Initial: _____

Tour Date: _____ Time: _____ Toured By: _____

Contact Notes: _____