



La Casita Verde Child Development Center Family Information Sheet

IDENTIFICATION COPY

Parent/Guardian Name: _____

Child's Name: _____

Due Date: _____ Child's DOB: _____

Home Address: _____

<input type="checkbox"/> 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

Private Pay Child Care Subsidy Other _____

Child Care Subsidy Agency: _____

Please indicate requested days and hours childcare 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 tuition assistance.

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.
- Childcare subsidies are accepted, scholarship opportunities are available through MWPCCC.
- 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 CHECK OR MONEY ORDER PAYABLE TO **MWPCCC**

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

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

Tour Date: _____ Time: _____ Toured By: _____

Referral Source: Personal Agency Online Specify: _____

Contact Notes: _____

Tour Only Waitlist Enrolled Date: _____ Other Agency _____