

Date Received: _____

Age 9/1/10 _____

WAITING LIST APPLICATION

CHILD'S NAME _____ M/F _____ BIRTH DATE _____

ADDRESS _____ ZIP _____ HOME PHONE _____

PARENT'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ WORK PHONE _____ CELL _____

PARENT'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ WORK PHONE _____ CELL _____

WE WOULD LIKE OUR CHILD'S NAME TO BE PLACED ON THE WAITING LIST FOR THE FOLLOWING PROGRAM(S) (Please indicate in order of preference):

Year Long Program:

- | | |
|--|---|
| <input type="checkbox"/> TODDLER PLUS morning only (8:45-12:15)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday - Friday | <input type="checkbox"/> TODDLER PLUS full day (8:45-3:30)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday - Friday |
|--|---|

Academic Year Programs:

- | | |
|---|---|
| <input type="checkbox"/> TODDLER morning only (8:45-12:15)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday-Friday | <input type="checkbox"/> TODDLER full day (8:45-3:30)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday-Friday |
| <input type="checkbox"/> DOWNSTAIRS PRESCHOOL I morning only(8:30-12:30)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday-Friday | <input type="checkbox"/> DOWNSTAIRS PRESCHOOL I full day (8:30-3:30)
<input type="checkbox"/> Tuesday, Thursday
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Monday-Friday |
| <input type="checkbox"/> DOWNSTAIRS PRESCHOOL II morning only(8:30-12:30)
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Tuesday, Wednesday, Thursday
<input type="checkbox"/> Monday, Tuesday, Thursday, Friday
<input type="checkbox"/> Monday-Friday | <input type="checkbox"/> DOWNSTAIRS PRESCHOOL II full day (8:30-3:30)
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Tuesday, Wednesday, Thursday
<input type="checkbox"/> Monday, Tuesday, Thursday, Friday
<input type="checkbox"/> Monday-Friday |
| <input type="checkbox"/> UPSTAIRS PRESCHOOL morning only (8:30-12:30)
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Tuesday, Wednesday, Thursday
<input type="checkbox"/> Monday, Tuesday, Thursday, Friday
<input type="checkbox"/> Monday-Friday | <input type="checkbox"/> UPSTAIRS PRESCHOOL full day (8:30-3:30)
<input type="checkbox"/> Monday, Wednesday, Friday
<input type="checkbox"/> Tuesday, Wednesday, Thursday
<input type="checkbox"/> Monday, Tuesday, Thursday, Friday
<input type="checkbox"/> Monday-Friday |
| <input type="checkbox"/> KINDERGARTEN/PRE-K PROGRAM (8:30-12:30 or 3:30 on full days)
<input type="checkbox"/> 5 mornings
<input type="checkbox"/> 5 mornings with 2 full days
<input type="checkbox"/> 5 mornings with 3 full days
<input type="checkbox"/> 5 mornings with 4 full days
<input type="checkbox"/> 5 full days | |

We may need Early Care (7:30-8:30) _____, Late Care (3:30-4:30) _____, Late Care (3:30-5:30) _____
WE HOPE TO BEGIN As soon as an opening occurs.
 As soon as child is 2; which will be _____.
 Fall of 2010 age of child will be _____.

****THIS WAIT LIST FORM DOES NOT CARRY OVER BEYOND THE SCHOOL YEAR 2010/2011. IF YOU WANT TO BE ON A WAIT LIST FOR THE FOLLOWING YEAR, PLEASE CALL THE OFFICE TO UPDATE.**

**Please return form to: Winfield Children's House
161 Field Road
Falmouth, ME 04105**