



## **Application for the Child Care Program Waitlist**

*Our agency offers high quality, play-based, full-day, full-year child care programs. Programs are licensed by the state of Vermont. When we have received this application, your child will be placed on the appropriate waitlist.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Days and hours needed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone(s): \_\_\_\_\_

address: \_\_\_\_\_ email: \_\_\_\_\_

preferred method of contact: \_\_\_\_\_ phone \_\_\_\_\_ mail \_\_\_\_\_ email

### **Please check any MFCC services your family has used in the past, or is currently using:**

<input type="checkbox"/> Infant Program	<input type="checkbox"/> Reach-Up	<input type="checkbox"/> Resource and Referral
<input type="checkbox"/> Toddler Program	<input type="checkbox"/> Learning Together	<input type="checkbox"/> Food Shelf/TEFAP
<input type="checkbox"/> Preschool Program	<input type="checkbox"/> Adult Learning	<input type="checkbox"/> Family Support
<input type="checkbox"/> Playgroup	<input type="checkbox"/> Welcome Baby	<input type="checkbox"/> Holiday Assistance
<input type="checkbox"/> MASK	<input type="checkbox"/> Home Visiting	<input type="checkbox"/> Emergency Assistance

Has your child been enrolled in a child care program before? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, where? \_\_\_\_\_

Please describe this experience for you and your child.

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What do you feel are the most important things to offer young children as they grow and develop?

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Please describe what your child's specific needs may be (i.e. developmentally, physically, emotionally....)

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Are there any areas that you would like support with? (i.e. feeding, bedtime, transitions, toileting, etc.)

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Is your child currently receiving services through another program? (such as Essential Early Education or the HowardCenter)

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We will give you a call to confirm that your child has been placed on the waiting list.

Don't hesitate to call us at 802-893-1457 if you have any questions, or visit: [miltonfamilycenter.com](http://miltonfamilycenter.com)

<b>MFCC ONLY</b>	Application Received Date: _____	by _____ (staff initials)
	Confirmation Contact Date: _____	by _____ (staff initials)

