



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.

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

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

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

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

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

MFCC ONLY	Application Received Date: _____	by _____ (staff initials)
	Confirmation Contact Date: _____	by _____ (staff initials)

