

Longwood Medical Area Child Care Center

Waitlist Application Form

First Parent's/Guardian Name:

Last

First

Middle Initial

Second Parent's/Guardian Name:

Last

First

Middle Initial

Home Address:

Street

City

State

Zip

Home Telephone: _____

First Parent's/Guardian place of employment and employee ID #:

Work Telephone: _____

Email/Fax: _____

Second Parent's/Guardian Place of employment and ID #:

Work Telephone:

Email/Fax: _____

Longwood Medical Area Child Care Center

Information on child (ren):

Last Name	First Name	Date of Birth or estimated Date of Birth	Sex: M or F
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Care Requested:

Full time____ Part time____ Flexible____
Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Comments:

Signature of Parent or Guardian _____ Date _____

Prior to enrollment, LMACCC verifies employment status of applicants with their Human Resource Department using the employee id number indicated above. LMACCC reserves the right to share enrollment status with LMACCC's consortium member institutions.