

HOAG CHILD CARE CENTER

WAITING LIST APPLICATION

Hoag Employee

To join our waiting list, please return this completed form to Bright Horizons. When your application is received, you will be placed on the waiting list. You will be contacted regarding the availability of space and the enrollment process. Prior to enrollment, the center will schedule a time for you to meet with your child's primary caregivers to learn more about Bright Horizons' program and develop a visitation schedule for you and your child as well as review the parent/guardian policies/procedures and enrollment forms.

Child's Name: _____ M / F Date of Birth: ____/____/____

Child's Name: _____ M / F Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Home Phone: _____ Home Phone: _____

Hoag Employee ID: _____ Employer: _____

Days and Hours Desired:

Please let us know your schedule preference. If you are flexible let us know your order preference. All schedule options are full day which allows child to attend any time between 6:15am and 6:00pm.

☐ **5 Day** (M-F) ☐ **3 Day** (Monday, Wednesday, Friday) ☐ **2 Day** (Tuesday, Thursday)

Clinical 12hr Employees Only:

Please let us know how many days you will need to attend and the specific days of the week that align with your work schedule.

☐ **2 Day** _____ ☐ **3 Day** _____ ☐ **4 Day** _____

What date would you like enrollment to begin? _____

How did you hear about us? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the Center.

(Parent/Guardian's Signature)

(Date)

Thank you for choosing Hoag Child Care Center.

Administrative Use:

Application Received: _____

Added to Waiting List: _____

Confirmation Email: _____

Offered Space: _____

