

Waitlist Application for Montpelier Children's House

Name of Child (Last, First, Middle Initial) _____	Application Date: _____
Child's Date of Birth: _____	Requested Enrollment Date: _____

Child's Address (Street, Town and Zip)

Parent or Guardian (1) _____

Home Address _____

Phone (home) _____ (cell) _____

E-mail address _____

Parent or Guardian (2) _____

Home Address _____

Phone (home) _____ (cell) _____

E-mail address _____

Application for:

____ Infant ____ Toddler ____ Preschool

Full Time _____ Part Time (*Pre-K only) _____

*If part-time, requested schedule: ____ Mon ____ Tue ____ Wed ____ Th. ____ Fri

____ I have flexibility in my scheduling

____ I am applying for Child Care Financial Assistance

____ I am a National Life employee

____ I am an employee of a National Life tenant