



MCC Child Care Center Waiting List Information Sheet

NOTICE: Your child will be placed on the waiting list for one year. You must fill out a new form at that time to remain on the list. Openings will be filled in order of placement on the list. Please notify us if your address or telephone number changes.

Date _____ Your child has previously been on the waiting list: ___ Yes ___ No

Parent / Guardian Name _____

Address _____
Street City State Zip Code

Day Phone Number _____ **Cellular** _____

Email Address _____

Please check the appropriate box below:

_____ Currently attending MCC _____ Plan to attend MCC
_____ Faculty / Staff of MCC _____ Community Member

Interested in child care for: Year _____

_____ Fall Semester _____ Entire Summer
_____ Summer Session 1 _____ Spring Semester
_____ Summer Session 2

Schedule request for Spring and Fall Semester:

_____ Monday thru Friday, all day _____ Tuesday and Thursday, all day
_____ Monday, Wednesday, and Friday, all day _____ Summer-only schedule
_____ Monday and Wednesday, all day _____ Different schedules available.
See Office Person.

Expected graduation date (Student at MCC): _____

Are you or your spouse serving in the U.S, Military (active duty, reserve or guard) or are you a Veteran of the Uniformed Services? ___ Yes ___ No

Payment method:

___ DHS ___ Cash/Check ___ Credit Card ___ Grant ___ Other _____

Child Information:

Name Birthday Age

1. _____
2. _____
3. _____

Please Note: Your name will remain on our waiting list for 12 months. You will need to reapply on an **annual basis**.

Office Use Only

Remain on List: _____

Contact Date: _____ Intake Date: _____ Did not return our call: _____

Staff Initial: _____ Classroom: _____ Delete Date: _____