

# 'TWEEN SCHOOL 'N HOME CHILD CARE PROGRAM

## WAITLIST FORM

Thank you for your interest in our program. To be placed on our waiting list please complete and return this form to 'Tween School 'n Home Child Care Center, 271 Main Street, Hopkinton, NH 03229. You may also email form to [joellen@twreenschool.com](mailto:joellen@twreenschool.com) . You will be notified if an opening becomes available. Plesae contact us if you are no longer in need of care or interested in remaining on the list.

**Check one:**  **New Registration**  **Returning Registration**

**First day (date) attending:** \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Present Age(s): \_\_\_\_\_ Present Grade(s): \_\_\_\_\_ Grade(s) this Fall: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

**Mother's:** Name: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's:** Name: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special circumstances of which we need to be aware, e.g., health issues, custody issues, etc.?

**I am requesting the following care schedule for my child(ren)**

\_\_\_\_\_ Full-Time (Monday through Friday)

\_\_\_\_\_ Part-Time Regular, i.e., same days every week as indicated: M T W TH F  
(2 day minimum required)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Parent or Guardian