

'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 heather@tweenschool.com . You will be notified if an opening becomes available. Please 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