



WAITLIST REQUEST FORM

Today's Date _____

To be placed on our waiting list, please submit your **non-refundable fee of \$50 (\$60 for 2 or more children) with your application.** *This fee is waived for employees of SFO Airport and the County of San Mateo.*

Child Information		
Child's Last Name	Child's Last Name	
Child's First Name	Child's First Name	
Date of Birth	Date of Birth	
Gender	M	F
Requested Start Date	Requested Start Date	
Is a sibling enrolled at Palcare?	Yes	No
If yes, Name and Classroom		

Parent Information		
Parent Last Name	Parent Last Name	
Parent First Name	Parent First Name	
Address	Address	
City, State Zip Code	City, State Zip Code	
Phone Number	Phone Number	
9a Uj`5XXfYgg	9a Uj`5XXfYgg	
Ea d`cmYf	Emd`cmYf	
Is your job related to SFO Airport?	Yes	No
Is your job related to SFO Airport?	Yes	No

Schedule

Please describe the schedule of care that you need, including evenings and weekends.

.....: i`~H]a Y f) `XUmg#k YY_Ł Part Time f&!` `XUmg#k YY_Ł Saturdays#9] Yb]b[g

5`hYfbUhj] Y`gWXYi`Y`cdh]cbg`UfY`Uj`Uj`UV`Y`Zcf`G: C`Ya d`cmYYg"

Scholarship

Would you like to be considered for U`low-income Scholarship?` Yes No

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Other

How did you hear about Palcare? Advertisement Sign From a Friend`cf`: Ua]m Other

I understand that enrollment on the Palcare waitlist does not imply or guarantee enrollment in the center. Enrollment offered will be based on space available, priority on the waitlist, date of the application, and the needs of the family. To remain active on the waitlist family contact information and current child care needs must be updated every six months.

Parent Signature _____ Date _____