



WAITLIST REQUEST FORM

Today's Date _____

To be placed on our waiting list, please submit your **non-refundable fee of \$100 (\$150 for 2 or more children)** with your application" H\ jg' ZYY ' jg' k Ujj YX ' zcf employees of SFO Airport cf 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 Male Female	Gender Male Female
Requested Start Date	Requested Start Date
Is a sibling enrolled at Palcare? No Yes	If yes, Nameand 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
Email Address	Email Address
Employer	Employer
Is your job related to SFO Airport? Bc Mg	Is your job related to SFO Airport? Bc Mg

Schedule

Please describe the schedule of care that you need, including evenings and weekends.
Full Time (5 days/week) Part Time (2-3 days/week) Saturdays/Evenings

Alternative schedule options may be available for SFO employees.

Scholarship

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

Palcare's funding is through the State of California and documents to support eligibility will be required upon enrollment.

Other

How did you hear about Palcare? Advertisement Sign From a Friend or Family 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 _____

Office Use WL Confirmation WL Ent. & Paid

