



**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'ZY' jg'k Uj' YX'z' employees of SFO Airport of 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, 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
Email Address	Email Address
Employer	Employer
Is your job related to SFO Airport? No Mg	Is your job related to SFO Airport? No 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)      Weekday Evenings      Saturdays

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

Notes: