



INTEREST APPLICATION

Today's Date _____

Please submit your application with the **non-refundable fee of \$100 (\$150 for 2 children)** by check, exact cash, or debit/credit card using the QR code (convenience fee added). Fee waived for employees of: 1) SFO Airport, 2) County of San Mateo, or 3) Seeking a low-income scholarship.



Child Information			1 child	2 children	
Child's Last Name			Child's Last Name	Child's Last Name	
Child's First Name			Child's First Name	Child's First Name	
Date of Birth			Date of Birth	Date of Birth	
Gender	Male	Female	Gender	Male	Female
Requested Start Date			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 First Name		
Address		
City, State Zip Code		
Phone Number		
Email Address		
Employer		
Is your job related to SFO Airport?	No	M/g

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 submission of the Interest Application does not imply or guarantee enrollment in the center. Enrollment offered will be based on space available, priority category, date of the application, and the needs of the family.

If fee paid by QR Code, email form to bonnie@palcare.org. If fee paid by check or cash, drop-off during business hours or send by USPS mail.

Parent Signature	Date
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Office Use	WL Confirmation	WL Ent. & Paid
Notes:		

