

Generations Crossing Waiting List Application

*Please fill out a separate application for each child.

Date of application: _____

Child's name: _____ male/female

Date of birth/Due date: _____

Parent's name(s): _____

Address: _____

Phone numbers: (Please circle whose number)

Mom/Dad: _____ Mom/Dad: _____

Best e-mail address to use: _____

Requested start date: _____

Requested schedule: (Please circle applicable days)

Monday-Friday (full-time) **OR** (part-time) Mon/Wed/Fri Tues/Thurs

Please consider us for whichever schedule is available first: Yes or No

In accordance with Title VI of the 1964 Civil Rights Act and because Generations Crossing is a recipient of federal funds, we ask for your race/ethnicity. This is *optional*, is for demographic information only, and has no bearing on placement. Thank you. Race/Ethnicity: _____

****Sibling already enrolled:** _____

Office use only:

Application fee: cash _____ credit card _____ check # _____

Notified how to pay: _____ Toured: _____