

WAITING LIST APPLICATION

The number of children we can accommodate at the Child Development Center is limited by the size of the facility, U.S. Coast Guard mandated child-to-caregiver ratios and National Association for the Education of Young Children standards. When we are full to capacity, it is necessary to put your child on a list to await availability of space.

There are two types of wait lists: the **projected list** for expectant parents and the **regular wait list**. In order to be placed on either wait list, you must complete this application form and pay a \$25 nonrefundable waitlist fee. If paying by check, please make checks out to MWR. Payment must be made at MWR (907-487-5364). The payment date/time will be the date we use in determining your child's place on the list. Please be sure to note your program of interest, the date you need care and if off island your expected arrival date.

Per our SOP it is your responsibility to check with the CDC regularly regarding your place on the waitlist. Calling when your baby is born moves you from the PROJECTED wait list to the regular list. You must call to let us know or you will not be moved to the regular wait list. Placement on the Wait list does not guarantee a spot in one of the CDC's programs. Contact the CDC at (907) 487-5481 for additional information. Fax inquiries to (907) 487-5483 or email Jane.Petrich@uscg.mil.

PLEASE TYPE OR PRINT CLEARLY

NAME OF CHILD: _____ DOB: _____

CHILD'S SPONSOR (S): _____

SPONSOR'S DUTY STATION (S): _____ PHONE: _____

SPOUSE'S NAME _____

DUTY STATION OR EMPLOYER _____ PH _____

HOME ADDRESS: _____ PH _____

DATE NEEDING CARE: _____ ARRIVAL DATE (if not on island): _____

Please check your program of Interest:

___ Part Day Preschool September –May ___ Toddler 16 mos-33 months

___ Pre-Kindergarten 48 months to school age ___ Infant 6 weeks-16 months

___ Preschool 33 -48 months ___ After School (Sept-May)

___ Summer Care (June-Aug) 5 yo-10/11 year old

Please check one: Full time care ___ Part Time care ___ Drop in care ___

Additional contact information in case you cannot be reached

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

FOR OFFICE USE ONLY

DATE/time RECEIVED: _____ PRIORITY: ___ RECEIVED BY: _____

