

# Little Chicks Learning Academy

## CHILD CARE WAITING LIST APPLICATION



TODAY'S DATE: \_\_\_\_\_ DESIRED START DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OR DUE DATE: \_\_\_\_\_

Do you currently have a child care subsidy from city or county to help cover costs?  YES  NO

Does your child have a diagnosed developmental disability or medical condition?  YES  NO

Do you have concerns about development?  YES  NO  
(Please explain on back of this application)

Type of care: Full-time Part-time Which days? MTWRF MWF TR  
(Please circle one) (Please circle one)

Hours of care: 7:30am – 4:30pm 8am – 5pm 8:30am – 5:30pm  
(Please circle one)

**Please indicate your affiliation below:**

(Describe employment/student status)

	<u>Full-time</u>	<u>Part-time</u>	
Community -- Place of employment: _____	_____	_____	*Wait list fee: \$30.00
If you are affiliated with UW, please specify:			
UW Medical School Student: Student ID: _____	_____	_____	Free Application
UW Medical School Faculty/Staff: Dept: _____	_____	_____	Free Application
UW Undergrad Student ID #: _____	_____	_____	Free Application
UW Graduate Student ID#: _____	_____	_____	Free Application
UW Classified Staff Dept: _____	_____	_____	Free Application
UW Faculty Dept: _____	_____	_____	Free Application
UW Academic Staff Dept: _____	_____	_____	Free Application
UW Hospital/Clinics Employee Dept: _____	_____	_____	Free Application

\* The wait list fee is non-refundable and does not guarantee enrollment; your name will be placed on the list of candidates for interview near the time the center opens. As new rooms open, families will be contacted for interviews. After the final room opens, and the center is full, families will be eligible for enrollment only on Open Enrollment Day.

Please complete all fields of the application; if sections are found to be incomplete or if your application does not contain a check for the Wait list fee, your application will be returned to you. Please make checks payable to Millennium Home Care or MHC. Please contact Little Chicks Learning Academy at 233-9970 if you are no longer in need of care.

Please mail completed application to:  
**Little Chicks Learning Academy**  
 601 N. Whitney Way  
 Madison, WI 53705

Thank you! You will hear from us very soon and we look forward to speaking with you!