PARK RIDGE CHILD CARE CENTER WAIT LIST FORM

Today’s Date: __________

Child’s name: ___________________________ Due date or DOB: __________

Child’s name: ___________________________ Due date or DOB: __________

Days Needed (circle): Monday Tuesday Wednesday Thursday Friday

Anticipated start date: ____________

Parent/Guardian Name: _____________________________________________

Address: _______________________________________________________

City: ____________________________ State: _______ Zip: __________

Home phone: ___________________ Cell phone: _____________________

Place of employment: ________________ Work phone: ________________

If Unity employee, which dept?: _____________________________________

Parent/Guardian Name: ___________________________________________

Address: _______________________________________________________

(If different from above)

City: ____________________________ State: _______ Zip: __________

Home phone: ___________________ Cell phone: _____________________

Place of employment: ________________ Work phone: ________________

If Unity employee, which dept?: _____________________________________

This form can be faxed to: 585-723-7893
Or mailed to: Attn: Michelle Goosey
Park Ridge Child Care Center
1555 Long Pond Road
Rochester, NY 14626