

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

