



WAITLIST APPLICATION

PLEASE CHECK

Are you a current Westview employee? Yes No

FOR ADMIN USE ONLY

Application Rec'd date: _____

Child's Name: _____ D.O.B (or delivery date): _____

Home Address: _____

Street Apt. # City Postal Code

Name of Parent /

Guardian #1: _____ (_____) _____

First Name Last Name Home #

(_____) _____

Cell # E-mail address (please print)

Name of Parent /

Guardian #2: _____ (_____) _____

First Name Last Name Home #

(_____) _____

Cell # E-mail address (please print)

Days of care required: **Mon** _____ **Tue** _____ **Wed** _____ **Thu** _____ **Fri** _____

Hours of care required: _____

Anticipated start date: _____

Month / Day / Year

Do you require Care4Kids subsidy? **Yes** **No** Are you on the subsidy wait list? **Yes** **No**

File #: _____

Are you looking for full-time care? **Yes, I am requesting full-time care - 5 days/week**

Special Requests: _____

Please e-mail or mail this form to:
WESTVIEW CHILD CARE CENTER
39 Thompson Pike
Dayville, CT 06241
E-mail: contact@westviewchildcare.com

To book a tour, or to inquire about your status on the waitlist, or to inform us of changes to your information, please contact the Director directly.

In order to maintain your waitlist status after one year, you must contact the Director.