## **Eagle Valley Child Care Association**

Wait List Application
PO BOX 1700 Vail CO 81657
Vail p: 970-476-1615 and f:970-476-1521
Miller Ranch p: 970-926-2501 and f:970-926-2028

Date of Inquiry	: Reques	Requested Start Date:				
Desired schedu	le: Monday	Tuesday	Wednesday	Thursday	Friday	
Which center as	re you interested in attendin	ıg?	Vail	Miller	Either	
Is this a Business Partner space? If yes, what company?						
Child's Name:		Date of	of Birth/Due Date: _			
Mailing Address	ss:					
Mother/Guardia	an:	Place of	Employment:			
Cell #:	Home #:	<del></del>	Other #:			
Father/Guardian: Place of Employment:						
Cell #:	Home #:		Other #:			
Additional com	ments:					
care slots in our Association wil	ey Child Care Association her centers, Vail Child Care and prioritize the wait list in the General Public.	nd Miller Rancl	n Child Care. Eagle	Valley Child Ca	ire	
must have a con Founding/Busin	to place your child's name mpleted Wait List Applicatiness Partner, Sibling, and therefore will be honored.	on on file. It w	rill be categorized in	the following m	anner:	
Child Care Assacceptance of the	I reaches the top of the wait ociation needs a response we ne slot. If you do not respon y changes in your contact in	vith 48 hours. E nd, your name v	Enrollment must beg	in within 2 week	s of	
that he/she rem	slot, your child's name wil ain on the list. If you declin attom of the list. You are w	ne and want you	ar child to remain or	the list, he/she		
Parent Signature			Date			
Date	Person Contacted		Reason for Calling			