

Waiting List Form



Thank you for your interest in Children's Center of Walkersville! Once we receive this form completed in full your child will be placed on our waiting list. You will receive an email confirmation verifying that you are now on the waiting list. If you do not receive a verification email within 72 hours, please let us know so that we can ensure you are on the waiting list.

Child Information:

First & Last Name

Date of Birth (MM/DD/YYYY)

Primary Caregiver:

First & Last Name

Address

Cell Phone

Work Phone

Email Address

Please select one program option:

- Full Day** (our most flexible option for working caregivers, offering care 7am-5:30pm year-round)
- Half Day** (Half Day childcare offers care between the hours of 7:30am-1pm year-round)
- Preschool** (Preschool is from 9am-12pm and follows the Frederick County Public Schools calendar)

Please select one schedule option:

- 5-day** (Monday-Friday)
- 3-day** (Monday, Wednesday, Friday)
- Check here if your schedule is flexible** (for example, you want 3-day Preschool but it is not available)

Your child will automatically be moved up in age groups as they increase in age. We will contact you when an appropriate space is available. At that time, you will be given 48 hours to return a completed Registration Form and pay the Registration Fee and Tuition Deposit to guarantee your spot. If we do not hear from you within the 48 hours, your spot will be offered to the next family seeking care.

If you are called for a space and do not wish to take it at the time, your place/seniority on the waiting list remains the same.

Please let us know if you find alternative care and would like your name removed from our list. It might help someone else get the care they need sooner.

Primary Caregiver Signature

Date