

Fannie Battle Day Home for Children

Waiting List Application

There is a fee of \$5 for this application.

Today's Date _____

Child's Name _____ Date of Birth _____

Male or Female _____ Age _____ How soon do you need care? _____

Parent/Guardian's Name _____ Phone # _____

Email address _____

The following questions must be answered in order to put your child on the waiting list.

Are you Married or Single? _____

How many adults are in your household? _____

How many children are in your household? _____

Are you working or going to school? _____

What is your household's Gross income? (the amount you make before taxes) _____

Do you have any other source of income? (Child Support, Alimony, SNAP Benefits, etc) If so, how much do you receive monthly? _____

Do you qualify for a DHS Childcare Certificate? Yes No Unsure

Does your child have a sibling enrolled at Fannie Battle? If so, what is their name?

My signature below indicates, that I am adding my child to the waiting list. The \$5 fee is not guaranteeing and/or holding a spot for my child.

Signature _____ Printed Name _____

Once an opening is available, Program Administration will contact you and require an acceptance within 24 hours

Office Use Only

Level 1 Level 2 Level 3 Level 4

Waiting List Fee Paid Yes or No