

Woods Hole Day Care Coop.
Wait List Form / Toddler Preschool Program

Today's Date _____ Office use only - postmark date _____

Child's name _____ Birthdate _____
Address _____ Home Phone _____

1. Guardian's Name (& relation to child): _____
Guardian cell phone: _____ Email: _____

2. Guardian's Name (& relation to child): _____
Guardian cell phone: _____ Email: _____

Schedule 1st choice (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

Schedule 2nd choice (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

Schedule 3rd choice (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

***Anything less than full time requires a 2nd and 3rd choice.**

Desired start date: _____ **Comment:** _____

Please circle the status of your family.

- a) The parent is currently a board member of our program.
- b) The child is currently enrolled in our program.
- c) The child is a sibling of a child currently enrolled in our program.
- d) The family is alumni of our program.
- e) New family

Please return this form as soon as possible if you are interested in having your child on our waiting list.

Your child will be placed on our wait list according to the postmark on the returned envelope (or the hand delivered date) and their standing on our priority system.

If you have any questions please feel free to call us at 508-548-9473, or
Email at woodsholedaycarecooperative@gmail.com.

Return form to:
Registrar
Woods Hole Day Care Coop
P.O. Box 561
Woods Hole, MA 02543