

University of Miami-Debbie School Before/After Child Care Program
Waiting List Registration Form

Date: _____

Please provide complete information. This information will be used to contact you when a position becomes available. If any of your information changes, please notify us immediately. Thank you.

Parent's/Guardian's Names: _____

Child's Name: _____ DOB: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: _____

Mother/Guardian's Work #: _____ Place of Work: _____

Father/Guardian's Work #: _____ Place of Work: _____

Other Contact #'s: _____

Requested Date of Enrollment: _____

Before/After Child Care day/hours of your preference:

Please Circle **M-T-W-TH-F** **From: _____ to _____ a.m.**

M-T-W-TH-F **From: _____ to _____ p.m.**

Rate: \$ 4.00 per hour

Parents you can submit your request to any of the staff members mentioned below.

Your Social Worker or Office Manager will contact you after your request has been processed.

OFFICE USE ONLY		
Office Manager		
Social Worker		
Classroom Teacher		
Administrative Assistant		
Starting Date		
Classroom		
Tuition		
Therapy Department: (If applicable)	PT	
	OT	
	ST	