



# Minor Avenue Children's House

214 Minor Avenue North, Seattle WA 98109

Haggard Nelson Childcare Resources

## Waitlist Application

*Office use only*

Non-refundable waitlist fee of \$50 \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_

Child's Name \_\_\_\_\_ (Girl/Boy) Date of Birth \_\_\_\_\_

Preferred Start Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Hm Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Email \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Hm Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Email \_\_\_\_\_

Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_

If parents are not at the same address, to whom should correspondence be mailed? \_\_\_\_\_

If you will be receiving a subsidy for childcare costs, please specify (DSHS, City of Seattle, other) \_\_\_\_\_

Are you affiliated with: ( ) Amgen ( ) Seattle Children's ( ) University of Washington ( ) None of these

### Please check appropriate age group and schedule desired:

#### Infant (2 months to 18 months)

( ) Full time

( ) Other. Please specify \_\_\_\_\_

#### Toddler (18 months to 3 years)

( ) Full time

( ) Other. Please specify \_\_\_\_\_

#### Preschool ( 2 years 6 months to 5 years)

( ) Full time

( ) Other. Please specify \_\_\_\_\_

### Please return this form to:

**Haggard Nelson Childcare Resources**

9705 Sand Point Way NE, Seattle WA 98115

along with your non-refundable \$50 application fee (per family).

**Make check payable to MACH**