

APPLICATION FOR WAITING LIST



Ithaca Community
Childcare Center

Application Date _____

Preferred Starting Date _____

Expected Ending Date _____

Days per week of childcare needed : M T W TH F

Child's Name (First, Last) _____ Birthdate _____ Gender _____

Home Address _____

Child Lives with: () Both Parents () Other:

Parent 1's Name _____

Work Phone _____

Relationship to Child _____

Home Phone _____

Job Title _____

Mobile Phone _____

Company _____

E-mail Address _____

P-1's Home Address and Phone (if different from child's) _____

Parent 2's Name _____

Work Phone _____

Relationship to Child _____

Home Phone _____

Job Title _____

Mobile Phone _____

Company _____

E-Mail Address _____

P-2's Home Address and Phone (if different from child's) _____

Annual Family Income _____ \$20,000 to \$40,000 _____ \$80,000 to \$100,000
 _____ \$40,000 to \$60,000 _____ \$100,000 to \$150,000
 _____ \$60,000 to \$80,000 _____ Over \$150,000

How did you find out about IC3? (Please check all that apply.)

____ Friend/Family Recommended ____ Radio Advertisement ____ Ithaca Times ____ Ithaca Child

____ Website ____ Phone Book ____ Day Care Council ____ Tompkins Weekly

____ Other (Please Specify): _____

The Waiting List Fee is \$25.00 (\$5 for each additional sibling) and is non-refundable. Checks should be made out to IC3.

Official Use Only Check # _____ MC/Visa _____ Admin Initial _____
