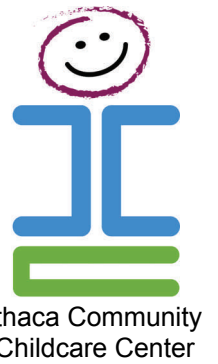


IC3 Wait List Application



Application Date: _____

Child's Name: _____

Birthdate (or due date): _____ Gender: _____

Start Date Requested: _____ Expected Ending Date: _____

Full Time (5 days/week) Part Time (3 days/week) Part Time (2 days/week)

Days of the week child care is needed: M T W Th F Flexible? Yes No

Parent/Guardian 1 Information:

Name: _____

Relationship to Child: _____

Address: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Job Title: _____

Place of Employment: _____

Parent/Guardian 2 Information:

Name: _____

Relationship to Child: _____

Address: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Job Title: _____

Place of Employment: _____

Is there any additional information we should know or consider?

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

- Friend/Family Ithaca Child Phone Book
 Website Ithaca Times Day Care Council
 Other: _____

Office Use Only:

Date Received: _____
Amount: _____
Check #: _____
MC/Visa: _____
Admin Initial: _____

**** The wait list application fee is \$25 (\$5 for each additional sibling).
This fee is nonrefundable and does not guarantee placement.**

607.257.0200 ictthree.org