

Falls Church-McLean Children's Center

7230 Idylwood Road, Falls Church, Virginia 22043

Phone: 703-534-4907 Fax: 703-534-4908

Web Page: fcmlcc.org

Email: fcmlcc1968@gmail.com

WAITING LIST APPLICATION

Please complete this application and return it to the office with a non-refundable application fee of \$100.00 per child. When we receive your completed application with the application fee, your child's name will be placed on the waiting list and you will be notified immediately when there is a space available. *We would appreciate being notified if you are no longer interested in a placement at the Center so we may remove your name from the waiting list. Thank You*

Date: _____

| Name of Child(ren) Being Enrolled: | Age. | Sex. | Birth Date. | Birth Place. |
|------------------------------------|-------|-------|-------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Mother's Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

E-mail: _____ Cell / Pager: _____

Employer: _____

Employer's Address: _____

Father's Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

E-mail: _____ Cell / Page: _____

Employer: _____

Employer's Address _____

Marital Status of Parents: _____

With whom does child (ren) live? _____

Who has legal custody of child(ren)? _____

Brothers/Sisters:

Age

Sex

Grade

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Others Present in Home:

Relationship to Child:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Number in Home: _____

Has child previously attended a child care center? No Yes

Name of Center: _____ How Long: _____

Is child toilet trained? No Yes Comments: _____

Date when child care is needed: _____

I am interested in participating in the Child Care Assistance Program. No Yes

I am interested in participating in Child Care Aware for military families. No Yes

Is child receiving special education services? If yes, please explain.

Do you have any concerns regarding your child's development? (ie. speech, motor skills, behavior?) If yes, please explain.

Additional information that you would like the Center to know about your child or your family:

Parent Signature