



## Childcare Wait List Application



Thank you for your interest in being added to our waiting list! Please fill in the information below in its entirety. The form can be sent back via email or dropped off to our center.

This form can be sent to the center manager of your desired location:

Aberdeen: Elise Fenton 732-583-8704; [EFenton@mmlcfamily.com](mailto:EFenton@mmlcfamily.com)

Leonardo: Suezette Vargas 732-291-0810; [SVargas@mmlcfamily.com](mailto:SVargas@mmlcfamily.com)

Port Monmouth: Angela Denney 732-769-2722; [ADenney@mmlcfamily.com](mailto:ADenney@mmlcfamily.com)

For questions regarding scheduling or wait list placement, please call your designated center manager.

For information regarding billing or pricing, please contact our office manager at: [GDeDonno@MMLCfamily.com](mailto:GDeDonno@MMLCfamily.com)

Our waiting list is specific to age group. Requested schedule does not have bearing on waitlist placement. When a spot opens, you will be notified even if the schedule that opened doesn't match your requested schedule. If you would like to amend your requested schedule and take the spot, you may do so. If not, the next family on the list will be contacted and offered the spot. At that point, you may choose to stay on the list until a more favorable schedule opens.

**Today's Date:** \_\_\_\_\_ **Location:** Aberdeen Leonardo Port Monmouth.

**Child's First Name:** \_\_\_\_\_ **Child's Last name:** \_\_\_\_\_

**Parent(s) full names:** \_\_\_\_\_

**Primary contact phone:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

Requested Schedule:

REQUESTED START DATE: \_\_\_\_\_

Monday. Tuesday. Wednesday. Thursday. Friday.

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Other: