

WAITLIST FORM

Today's Date: _____
Parent(s) Name(s): _____
Daytime Phone #: _____
Home Address: _____
Child/Children's DOB: _____
Enrollment Need (FT/PT, full or half days*):

Requested Start Date: _____
Special Information (information sent/when; visit; special needs; etc.):

*part time enrollment available only in the Sea Pup and Otter programs

Print and complete this form and return it to: Doumina Noonan, Director
Otter Creek Child Center
150 Weybridge Street
Middlebury, VT 05753

Enrollment decisions are made in April and May of each year.