



## YMCA EARLY LEARNING CENTER WAIT LIST APPLICATION

Completed forms can be emailed to [earlylearning@ymcapkc.org](mailto:earlylearning@ymcapkc.org)

Parent/Guardian Information		
Name of Parent/Guardian (1)	Name of Parent/Guardian (2)	
Is either parent or guardian an employee of MultiCare Health System? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please specify MHS location and department:		
Is either parent or guardian an employee of the YMCA? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please specify YMCA location and department:		
Parent/Guardian (1) Date of Birth:	Parent/Guardian (2) Date of Birth:	
Contact phone # Parent/Guardian (1) ( ) -	Contact phone # Parent/Guardian (2) ( ) -	
Email Address:	Email Address:	
Child Information		
Child's Name:	Age:	Date of birth (or expectant) / /
2 <sup>nd</sup> Child's Name:	Age:	Date of birth (or expectant) / /
3 <sup>rd</sup> Child's Name:	Age:	Date of birth (or expectant) / /
Special Needs or Other info:		
Schedule/Payment		
Interested Start Date:	Times Requesting Care:	
Days Requesting Care: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>		
How will fees be processed? (Please mark one) <input type="checkbox"/> Private Party <input type="checkbox"/> Third party Agency: _____	What ELC location would you be interested in having your child enrolled in? (select all that apply) YMCA Puyallup ELC (ages 2 ½-5 and potty trained) <input type="checkbox"/> YMCA University Place ELC (infants to 5 year olds) <input type="checkbox"/> YMCA New Adventures ELC (infants to 5 year olds) <input type="checkbox"/>	
New Adventures is a private pay facility and are only set up to accept certain third party subsidies.		
Other (please list any further comments)		

- MultiCare employed families will receive priority on the list for New Adventures ELC
- There are **NO** guarantees for care by returning this form. Offers are made based on classroom availability.
- It is the responsibility of the applicant to contact the center for status, updates, or changes of wait list applications.

**For office use only:** / / (Date received)  
Staff Initials: \_\_\_\_\_ (Received By)

For office use only:

Status Check	Date
Additional notes on account:	