



Thank you for your interest in Milestones Learning Center. We are pleased you are considering our program for your childcare needs. We will do our very best to provide high quality childcare for you and your family.

Please take a few moments to thoroughly read this application in its entirety. If you have questions and/or concerns regarding the waiting list process please bring them to our attention before you leave the center today. This helps to avoid any misunderstandings or confusion.

Along with this application, a non-refundable payment of \$150.00 is required to be placed on the waitlist. You may pay by credit card number and authorization or a check in the amount of \$150.00 made payable to Milestones Learning Center.

\*\*\*\*\*

Please complete the following information:

First and last Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Mom's Employer \_\_\_\_\_ Dad's Employer \_\_\_\_\_

Mom's Telephone \_\_\_\_\_ Dad's Telephone \_\_\_\_\_

Mom's Wk. Telephone \_\_\_\_\_ Dad's Wk. Telephone \_\_\_\_\_

Child's Primary Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom's Email Address: \_\_\_\_\_

Dad's Email Address: \_\_\_\_\_

Please designate if parent/legal guardians maintain separate households.

Child lives with: Mom only \_\_\_\_ Dad only \_\_\_\_ Both \_\_\_\_ Shared custody \_\_\_\_

Child's Full Name \_\_\_\_\_ current age \_\_\_\_\_

Child's DOB \_\_\_\_\_

If currently expecting, please record expected date of birth (DOB) \_\_\_\_\_

Please list any known medical information, allergies, special needs, conditions your child may have:

\_\_\_\_\_

**Please be aware that although you are requesting care; services will depend on space availability.**

We will, however, make every effort to meet your childcare needs in a quick and efficient manner.

**Waiting List Information:**

The following information is included to help you understand how the waiting list process works.

Preference on the waitlist:

The date which the payment for the application is received **and** the age of the child will determine a child's position on the waiting list. There are also specific classroom requirements when enrolling a child into a specific classroom. The following considerations are first taken into account before the waitlist is implemented.

1. The internal childcare needs – transferring a child from younger group to an older group on the basis of age, individual readiness, and available opening
2. Sibling of a child currently enrolled **and** on the waiting list

Notification Process

When a space becomes available the center will notify you by telephone by the numbers you have provided. If no response is received from the parent or designated person within **(5) five business days** of the initial notification, we will assume you are not requiring our services at this time and the space will be offered to the next name on list. This will be considered your **offer**. If at any time you remove your name from the list or turn down available care, you will need to resubmit another waiting list application and related fee in order to return to the list. This will place you on the list at the date which the new completed application and payment are received. **Again, once you have been notified, you have five (5) business days to either accept or decline your space.** We are sorry that we cannot hold a space or extend additional time for your further consideration. This is due to the fact that there are other families who are waiting for a child care space.

Enrollment

Once a parent has accepted their offer, the enrollment fee plus deposit (equal to one week's tuition) must be submitted within **five (5) business days of acceptance** of the space or the student's start date, whichever occurs sooner. The center representative will then contact the parent to complete the enrollment process. Should a parent be unable to meet these requirements, the position will be offered to the next family on the waiting list. The center does not hold spaces for any reason.

Parent Agreement

I have read and understand the Milestone's Learning Center wait list policy and procedures. I understand that if the center representative is unable to contact me, after reasonable attempts have been made, my name on the list will be removed and space offered to the next name on the list. I also understand that I will only be offered a space in the program only **once** before my name will be completely removed from the list. If at that time, I choose to remain on the waiting list, the process will have to start again with a new application and payment of fees.

Non-Refundable Waitlist Payment Agreement

\_\_\_\_ I have attached a check for \$150.00 made payable to Milestones Learning Center.

\_\_\_\_ I authorize Milestones Learning Center to bill \$150.00 to my (*check one*) Mastercard \_\_\_\_ or Visa \_\_\_\_

Print Cardholder Name \_\_\_\_\_ Debit \_\_\_\_ Credit \_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

*If applicable, I agree my electronic signature shall be accepted as the legal equivalent of my manual signature.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

*For Office Use Only: CC Billed or Check Deposit Date \_\_\_\_\_*