

**UMDS WAITING LIST FORM**

**TODAY'S DATE:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Or due date: \_\_\_\_\_ Preferred start date: \_\_\_\_\_

Current childcare arrangement: (circle)                      HOME                      FACILITY

If facility, please name: \_\_\_\_\_ How long attended: \_\_\_\_\_

Reason leaving: \_\_\_\_\_ Is tuition up to date there? Yes / No

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

\_\_\_ Check if this parent has primary custody

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\_\_\_ Check if court documentation received

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Address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

How long working there? \_\_\_\_\_

How long working there? \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Does your child have any allergies, including food allergies? \_\_\_\_\_

List any special needs your child may have, including health conditions, disabilities, meds, etc.

Are you a member of PSDUMC?                      Yes                      No

Are you an active and participating Member of PSDUMC?                      Yes                      No

Are you an employee of PSDUMC?                      Yes                      No

Is this child a sibling of a current UMDS child or Afterschool child? Yes                      No

PLEASE UPDATE BY PHONE OR EMAIL. AFTER SIX MONTHS WITH NO UPDATE, YOUR FORM MAY BE DISCARDED AND WE WILL ASSUME YOU HAVE OTHER CHILDCARE ARRANGEMENTS FOR CARE. THANK YOU!!!

SIGNATURE: \_\_\_\_\_ Updates: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_