

**Eagle Valley Child Care Association  
Wait List Application**

PO BOX 1700 Vail CO 81657  
Vail p: 970-476-1615 and f: 970-476-1521  
Miller Ranch p: 970-926-2501 and f: 970-926-2028

Date of Inquiry: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Desired schedule:            Monday            Tuesday            Wednesday            Thursday            Friday

Which center are you interested in attending? Vail Child Care    MillerRanch Child Care    Either

Is this a Business Partner space? \_\_\_\_\_ If yes, circle: Vail Health    Town of Vail    Slifer Designs

Child's Name: \_\_\_\_\_ Date of Birth/Due Date: \_\_\_\_\_

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

Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional comments:

The Eagle Valley Child Care Association has developed this agreement due to the large demand for child care slots in our centers, Vail Child Care and Miller Ranch Child Care. Eagle Valley Child Care Association will prioritize the wait list in the following manner: Founding Partners, Business Partners, Siblings, and the General Public.

There is no fee to place your child's name on the Wait List. To place your child on the wait list, a child must have a completed Wait List Application on file. It will be categorized in the following manner: Founding/Business Partner, Sibling, and the General Public by age group. In these categories, a chronological order will be honored.

Once your child reaches the top of the wait list and a slot is available, you will be notified. Eagle Valley Child Care Association needs a response with 24 hours. Enrollment must begin within 2 weeks of acceptance of the slot. If you do not respond, your name will be removed from the waiting list. Please notify us of any changes in your contact information.

If you decline a slot, your child's name will be immediately removed from the wait list unless you request that he/she remain on the list. If you decline and want your child to remain on the list, he/she will be placed at the bottom of the list. You are welcome to reapply for the wait list at any time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Date	Person Contacted	Reason for Calling