

THE VAIL CHILD DEVELOPMENT CENTER

39209 HWY. 6 PO box 955 Avon, Co 81620 Phone: 970-949-6585 Fax: 970-949-7030 Wait List Application

Date of Inquiry:	Requ	ested Start Date:		
Desired schedule: Monday		Wednesday		Friday
Child's Name:	Date of Birth/Due Date:			
Mailing Address:				_
Mother/Guardian:Place of Employment:				
Home #: Wo	ork #:			-
Father/Guardian:Place of Employment:				_ -
Home #: Wo	ork #:	Cell #:		
Additional comments:				
The Vail Child Development Censchool. There is no fee to place yo have a completed Wait List Appli General Public by age group. In	our child's name on t cation on file. It wil	he Wait List. To place be categorized in the	ce your child on the vertex following manner:	wait list, a child must
Once your child reaches the top of Development Center requires a r registration fee and Enrollment A will be removed from the waiting	esponse with 48 hour greement must be co	rs. Once a space has empleted to solidify the	been extended and a he space. If you do n	ccepted, the not respond, your nam
If you decline a slot, your child's remain on the list. If you decline list. You are welcome to reapply	and want your child	to remain on the list,		
Parent Signature		Date		