



**Pine Forest Children's Center  
208 Flynn Ave, Suite 2F  
Burlington, VT 05401**

Thank you for your interest in Pine Forest Children's Center. If you would like to have your child placed in our waiting pool, please complete this form and return it to us. There is a **\$30.00** fee (per family) to be part of the waiting pool for one year. Please feel free to contact us if your information changes so that we may keep your information current. Thank you!

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**PLEASE COMPLETE AND RETURN THIS FORM TO BE IN THE WAITING POOL**

If you have any questions, please call **Hannah Mason, Assistant Director** at **hannah@thepineforest.org** Thank you!

Parent/Guardian Name(s): \_\_\_\_\_ Today's date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ GENDER \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(\*if not yet born, expected date of birth)

Home address: \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_ ZIP \_\_\_\_\_

Home or Cell phone #: (\_\_\_\_\_) \_\_\_\_\_ Work phone #: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Are you eligible to receive financial assistance for tuition?  YES  NO  Not sure

***\*PLEASE NOTE THAT FULL TIME SLOTS (5 DAYS) ARE PRIORITIZED. PART-TIME SLOTS ARE AVAILABLE ON A LIMITED BASIS\****

Date interested in entering PFCC: \_\_\_\_\_ # Days per week: \_\_\_\_\_ Days: (circle) M T W TH F

How did you hear about us? \_\_\_\_\_

Comments or other information you would like us to know about you or your child:  
\_\_\_\_\_

I have enclosed a non-refundable payment of \$30.00 (per family, per year) and would like to be placed on the waiting list which is active for one year. I understand that if I'd like to renew my name on the waiting pool, I will need to pay another \$30.00.

**Please make checks payable to: Pine Forest Children's Center**

**Thank you!**