



WAITING LIST APPLICATION

Thank you for your interest in the Madison Center Cooperative Playgroup. Please note there is a non-refundable fee of \$20.00 per child, which must be included when you return the form.

If you would like your name to be placed on our waiting list, please fill out the information below, enclose a check for \$20 (make payable to: **Madison Community Center Cooperative Playgroup**) and return it to us at: Madison Center Cooperative Playgroup, 3829 North Stafford Street, Room 1, Arlington, VA 22207, Attn: Membership Coordinator.

Date: _____
Co-op Parent's Name: _____
Address: _____ Zip: _____
Home Telephone : _____ Cell: _____
E-mail Address: _____

Child's Name: _____ D.O.B. _____
Child's Name: _____ D.O.B. _____
Child's Name: _____ D.O.B. _____

(Please note: Child must be at least 6 months of age to be eligible for A.M. waiting list and at least 12 months of age for P.M. waiting list.)

Are you an alumni of MCCC ? (please give details) _____

Any Special Requirements (e.g. Allergies) _____

Check all that apply:

Preference: ___AM, ___PM, ___First Available
A.M. (co-op, optional drop-off): ___M/W, ___T/Th, ___Fri only
P.M. (playgroup, drop-in only): ___M, ___T, ___W, ___Th, ___F

How did you hear about us?
___ Parks & Recreation
___ Child Care Directory
___ Member
___ Other: _____

All Co-op parents must complete a child protective services background check, criminal history inquiry and healthy screening as well as CPR and First Aid training and certification.