

Holliston Community Children's Center
725 Washington Street
Holliston, MA 01746
508-429-2708

Sib enrolled _____
Sib on wait list _____
Sib D.O.B. _____

WAIT LIST APPLICATION

Date of Application: _____

Date of Tour/Visit: _____

Family Information:

Parent(s): _____

Work phone: _____

Cell phone: _____

Home address: _____

Home phone: _____

Email address: _____

Child's Name: _____

Date of Birth: _____

Kindergarten Age ~ enrolled in (am) (pm) (full day) session: _____

School age ~ grade _____

Care needed: before _____ after _____ before & after _____

Other Information: _____

Date you would like your child to start at HCCC: _____

Dates of contact*:

*Parents: Please remember to check in with HCCC periodically. HCCC removes people from the wait list after one year of no contact. Thank you.