**Minor Avenue Children’s House**

**214 Minor Avenue North, Seattle WA 98109**

## Waitlist Application

*Office use only*

Non-refundable waitlist fee of $75 Check # Date Received

Child’s Name  Date of Birth 

Child’s Gender: Female: Male: Preferred Start Date 

Parent Name  Hm Phone 

Home Address  Cell Phone 

 Email 

city state zip

Parent 2 Name  Hm Phone 

Home Address  Cell Phone 

 Email 

city state zip

If you will be receiving a subsidy for childcare costs, please specify (DSHS, City of Seattle, other) 

**Please mark the appropriate age group:**

**Infant (3 months – 18 months):**

**Toddler (18 months – 3 years):**

**Preschool (2.5 years – 5 years):**

Please return this form to:

**Minor Avenue Children’s House**

**214 Minor Avenue North, Seattle WA 98109**

along with your non-refundable $75 application fee (per family).

**Make check payable to MACH**

**Or**

**You can email your completed form to** [MACH@haggardchildcare.com](mailto:MACH@haggardchildcare.com) **and send payment via Paypal on the website.**

*Minor Avenue Children’s House does not discriminate in its admissions or hiring policies on the basis of race,*

*sex, color, national origin, physical differences, marital status or sexual orientation.*

*Office Use only*

*Follow up:*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*