

WILLIAMSBURG CAMPUS CHILD CARE

The College of William and Mary
114 Grigsby Drive P. O. Box 8795
Williamsburg, VA 23187-8795

WAITING LIST APPLICATION

DESIRED START DATE: _____
(WCCC cannot guarantee space will be available at this time)

Today's Date _____

Office Use
CATEGORY _____
Received: _____
Fee Pd. _____ Ck.# _____

A \$50 NON-REFUNDABLE Waiting List Fee is required. Make checks payable to: WCCC

Child's Name _____
Last First
DOB / Due Date _____ Gender: F M
Unknown
Home Address _____
Siblings at WCCC: _____

MOTHER'S NAME _____
Last First
Home Address _____
W&M Affiliation _____
Place of Employment _____ Full Time / Part Time
Job Title _____
Home/Cell Phone _____ Work Phone _____ e-mail _____

FATHER'S NAME _____
Last First
Home Address _____
W&M Affiliation _____
Place of Employment _____ Full Time / Part Time
Job Title _____
Home/Cell Phone _____ Work Phone _____ e-mail _____

How did you hear about WCCC?

- * W&M website _____
* Referred by a WCCC parent _____
* Referred by a community member _____
* Other (please explain) _____