

WILLIAMSBURG CAMPUS CHILD CARE
The College of William and Mary
3 Grigsby Lane P. O. Box 8795
Williamsburg, VA 23187-8795

WAITING LIST APPLICATION

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

CLASSROOM: _____

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

A \$50 **NONREFUNDABLE** 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 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 Phone _____	Work Phone _____	e-mail _____