

# Generation Next Childcare

## Waitlist Enrollment Form

Thank you for your interest in our childcare program. Our program is licensed by the Maryland State Department of Education (MSDE), Office of Child Care and operates in a private home setting, located in Upper Marlboro, Md 20774.

Completion of this form places your child on our waitlist only. Submission does not guarantee enrollment.

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## Child Information

- **Child's Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Current Age:** \_\_\_\_\_
- **Requested Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Care Requested

- **Type of Care Needed:**  
 Full-Time  
 Part-Time (2-3 days/wk)
- **Preferred Days:**  
 Monday  Tuesday  Wednesday  Thursday  Friday

Our operating hours are 7:00am-6:00pm

- **Preferred Drop-Off Time:** \_\_\_\_\_
- **Preferred Pick-Up Time:** \_\_\_\_\_

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## Parent / Guardian Information

### Primary Contact

- Full Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Secondary Contact (optional)

- Full Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

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## Family Information

- Is your child currently receiving care elsewhere?  
 Yes  No
- Does your child have siblings currently enrolled or previously enrolled with our program?  
 Yes  No If so, \_\_\_\_\_
- Do you have flexibility with your requested start date or schedule?  
 Yes  No
- Any additional information you would like us to consider?  
(Examples: anticipated schedule changes, sibling care needs, general routines)  
\_\_\_\_\_

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## Licensing & Program Information Acknowledgement

Please initial below:

- \_\_\_\_\_ I understand that once an opening becomes available, I will receive email notice with reply deadline
- \_\_\_\_\_ I understand enrollment is subject to licensing capacity limits, age group availability, withdrawals and program needs
- \_\_\_\_\_ I understand that placement on the waitlist does not guarantee enrollment

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## How Did You Hear About Our Program?

- Friend / Family
- Community / Neighborhood
- Online Search
- Social Media
- Other: \_\_\_\_\_

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## Waitlist Acknowledgement & Signature

I confirm that the information provided is accurate to the best of my knowledge.

- Parent/Guardian Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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