



mazique  
parent child center

# Waiting List

for Early Head Start/Head Start/Child Care

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Washington, DC Ward: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

*(Please call to inform us if you move or change your telephone number)*

Income source: *(TANF, employment, SSI, Foster Care)* \_\_\_\_\_

Income: \_\_\_\_\_

Family Size: \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

Check if applicable:

Teen Parent

Child with special needs (documented)

Parent concerned about development

Parent involved in training program

Child receives special case management with

If seeking childcare for more than one child, complete below:

2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_