

## Application for Admission/Waitlist

Our Wait list is maintained on a first come, first served basis. Priority will be given to SNLH employees.

**Application Date** \_\_\_\_\_ **Desired Start date** \_\_\_\_\_

Name of child: \_\_\_\_\_ Sex F M Birth Date (or approximate due date) : \_\_\_\_\_

**FAMILY (contacts)**

(1) Parent/guardian name: \_\_\_\_\_ SNLH Employee \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone #'s: \_\_\_\_\_ Employer/Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

(2) Parent/guardian name: \_\_\_\_\_ SNLH Employee \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone #'s: \_\_\_\_\_ Employer/Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address for bill if different: \_\_\_\_\_

**Please indicate the days and hours of care you need. If you are requesting less than 5 days of care, please indicate if you have the option to be flexible on the days of care scheduled.**

Monday	Tuesday	Wednesday	Thursday	Friday

\_\_\_\_\_ **Yes, I could arrange different days than indicated if it meant that my application would be considered as a match for an available opening and possible early placement.**

Thank you for your application and we will do our very best to accommodate you and your child in a timely manner. We understand the need for quality child care in our community and will do our best to meet your needs. Applications will be screened according to age and opening in the specific age groups. Openings will be filled in the order we received the application and in the order of need; full time students will have priority. Part-time students will need to "fit in" to openings available in their class. It is State law that we stay in the required teacher/child ratio at all times in our classrooms.

We will contact you by phone or email. **Families must reply within 36 hours, or the next business day, when offered a space for their child.** If we do not hear from you the next family will then be contacted. Please keep in touch with us, especially if you have any changes that would affect us contacting you. If you have any questions please feel free to contact the center.

Barbara Dougherty, Director 541-994-4208 [bdougherty@samhealth.org](mailto:bdougherty@samhealth.org)

**SELC Office Notes:**

Tour scheduled: \_\_\_\_\_ Enrollment offered \_\_\_\_\_ Enrollment starts \_\_\_\_\_

Classroom: \_\_\_\_\_

Sibling (s) \_\_\_\_\_ Names (s) and ages (s) \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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