



Waiting List Application

PO Box 2102
Albany NY 12220

phone (518)473 – 7112 fax (518)473 – 7867



I would like to join the waitlist for the following location(s):

_____ Children's Place at the Plaza, Swan Street Building

_____ Children's Place at State Ed, Education Building Annex, Hawk St

Today's date	
Child's name	
Date of birth / due date	
Preferred start date	

Parent name	
Address	
Employer	
Bargaining unit <small>(if applicable, please circle one)</small>	PEF CSEA UUP NYSCOPBA GSEU DC37 Council82 MC
Phone number:	Email address:

Parent name	
Address	
Employer	
Bargaining unit <small>(if applicable, please circle one)</small>	PEF CSEA UUP NYSCOPBA GSEU DC37 Council82 MC
Phone number:	Email address:

* A non-refundable \$25 application fee must accompany this form

For office use only:	
Received by	
Received date	
Payment received	