



Milestones Child Development Centers Inc. Wait List

Which location?: 1411 O Street 1020 N Street

Parent Name _____

State Employee? If so, which dept.? _____

Employer (if not State) _____

Work Phone _____ Cell Phone _____

Home Phone _____ (indicate best number to call)

Home address _____

City _____ State _____ ZIP _____

Email: _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Preferred Start Date _____

Preferred Schedule: 2 days (T, Th) 3 days (M, W, F) 5 days

How did you hear about us? _____

What made you choose our center? _____

Today's Date _____

Due Date (for pregnancy) _____