

CHILD DEVELOPMENT CENTER
FAMILY CHILD CARE
WAITING LIST SURVEY

Family: _____ Child's name: _____ Age: _____

Requested start date for care: _____

1. Type of Care needed: _____ Part-time _____ Full-time _____ Drop-in/Hourly
_____ Evening _____ Weekend

2. Have you considered placing your child in a FCC home? Yes _____ No _____

3. Would you like to be put on the FCC Waiting list? Yes _____ No _____

If no, why: _____

Clerks initials: _____ Date called _____