



Pathways, Inc.
Erwin Child & Family Center

School Age Child Care (SACC) Wait List Form

Child's Name: _____ Birth Date: _____ Gender: _____

Requested Enrollment Date: _____ Grade: _____ School Child Attends: _____

Days Child Will Attend: School Days: _____ Before School Only: _____ am
After School Only: _____ pm
School Closings: _____ I will need care _____ I will not need care Both before and after school: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____
Email: _____

Employer: _____

Work Phone: _____

Address: _____

(City) (State) (Zip)

Work Hours: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____
Email: _____

Employer: _____

Work Phone: _____

Address: _____

(City) (State) (Zip)

Work Hours: _____

Parent/Guardian Signature

Date

Center Authorized Signature

Date

Office Use:
\$20 Processing Fee Paid: Check#: _____ Cash: _____ or Waived: _____
Sibling(s): No: _____ Yes: _____ Name(s): _____
List Checked: _____