## Application For Providence Wee Care Child Development Center Providence Child Center • 830 N.E. 47th • Portland, Oregon 97213

Providence Child Center • 830 N.E. 47<sup>th</sup> • Portland, Oregon 97213 (503)-215-6832 Fax# (503-215-0333)

Application date	Desi	ired start date			
Name of child	Birth date or approximate date Sex				
<b>Important Note:</b> If you complete name and actual birth date to act listing.					
(1) Parent name		Providence employ	/ee: YES	NO	
Home Address		City	Zip Code		
Phone: Home	Work	Cell/Othe	r		
E-mail: Home		Work			
Employer/PHS Entity		_ Dept/Position			
(2) Parent name		Providence employ	/ee: YES	NO	
Home Address		City	Zip Code	<del></del>	
Phone: Home	Work	Cell/C	Other		
E-mail: Home		Work			
Employer/PHS Entity		_ Dept/Position			
Please indicate your preferred sch	edule below.				
2 Day (Monday & Wedn 3 Day (Tuesday, Thursda 5 Day					
<ul> <li>We will contact you via</li> <li>First consideration is gi</li> <li>Waitlist priority is given</li> <li>Families must reply the contacted.</li> <li>A firm start-date within</li> <li>Applications are kept on</li> </ul>	ned on a first come, first serve your provided phone or emoven to 5-day schedules and conto Providence employees an ext business day when offer 12 weeks is required when another the waitlist for 1 year. Predict a new form annually to reduce the server of	ail. compatible 3-day and 2-d nd their siblings. cred a space for their chi ccepting a placement at enatal applications are ke	ld. The next family will t		
Signature	reDate				
	FOR OFFICE			•••••	
Date: Application rec'd	Tour scheduled	_ Enrollment offered	Enrollment starts		
Sibling(s)Nan	ne(s) and age(s)				