

ECDC at HHS/ED

Waiting List Form

Application Date ____/____/____ Desired Enrollment Date ____/____/____

Priority: HHS ED Other Federal: _____ Non-federal

Child's Name: _____ M F Birth/Due Date ____/____/____

Home Address: _____

Home Phone: _(____)_____ Home email: _____

Parent/Guardian: Name _____

Place of Employment _____

Work Phone: _(____)_____ Work email: _____

Parent/Guardian: Name _____

Place of Employment _____

Work Phone: _(____)_____ Work email: _____

Notes: _____

Please return this form via fax (202-260-6384) or mail (330 C Street, SW, Washington, DC 20201), or you can email us at director@hhsedchildrenscenter.org. Thank you