



Dartmouth
Health



Southwestern Vermont
Medical Center

Learning Tree Wait List Request Form

Parent/Guardian Information

Parent's/Guardian's Name _____

Contact Number/s _____

Parent's/Guardian's Name _____

Contact Number/s _____

Home Address _____

Email _____

Child Information:

Child's Full Name _____

Date of Birth _____

Desired Start Date _____

Additional Information

Are you flexible with the start date? ____Yes ____No

Preferred Schedule ____FT ____PT

Preferred Days ____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

Is your child currently enrolled in another childcare facility? ____Yes ____No

If yes, please provide the name of the facility. _____

Signature _____

By signing this document, you recognize submitting this form does not guarantee a spot for your child at The Learning Tree.