



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*

Please check the box that applies to you/your family:

Community Member  SVMC Employee  Dartmouth Health Employee

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.*