

Please Indicate Requested Start Date:

As soon as possible: \_\_\_ Yes \_\_\_ No

Or start Fall of: \_\_\_\_\_ (Year)

Sibling(s) on Waitlist: \_\_\_ Yes \_\_\_ No



Office Use Only:

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## HMCDS BEFORE/AFTER SCHOOL CARE WAITLIST FORM

[Please use one form per child]

I would like to enroll my child (full name) \_\_\_\_\_ at Hunter Mill Country Day School's (HMCDS) Before/After School Program (Ages 5 to 12). My son's/daughter's (circle one) date of birth is: \_\_\_\_\_.

I understand that HMCDS operates on the same schedule as Fairfax County Public Schools and thus each new school year begins in Aug./Sept. and runs through mid-June. Summer Camp enrollment is handled separately.

I understand HMCDS starts their enrollment process in February for each upcoming school year. This is when most offers for space will be sent out; occasionally there are additional openings available as enrollment progresses and typically only a few openings occur during the school year. I understand priority placement may be given to siblings of current preschoolers who are offered placement. I further understand HMCDS has a bus stop for Oakton Elementary School students only with both pickup and drop off and that HMCDS itself does not offer pick up and/or drop off services to or from their schools.

I have indicated my requested schedule below. Please indicate a "BS" for Before-School care (7:30am to approx. 8:30am), an "AS" for After-School care (approx. 4:30pm to 6pm), or an "BS/AS" for both Before and After-School care (hours as noted).

I understand that during FCPS Winter and Spring breaks (when HMCDS is open and if space is available), my child is eligible to attend HMCDS; however, on those days an additional fee will apply and will be invoiced separately.

Mon	Tues	Wed	Thurs	Fri

*Please note below if you have flexibility in your schedule or if an alternative schedule may work for you. HMCDS will always try to give you your first preference whenever possible.*

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Please PRINT clearly:

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_