

Date Application Received:

## White Earth Child Care & Learning Center

### Waiting List Application

**APPLICATION MUST BE COMPLETE OR IT WILL BE DISCARDED**

**Child's Full Name:**

**Birth Date or EDD:**

**Desired Start Date:**

**Site Preference:**      **WECCLC**      **NTWCCLC**      **MCCLC**

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**Mother/Guardian First and Last name:**

Address:

Place of Employment:

Phone:

Work:

**Father/Guardian First and Last name:**

Address:

Place of Employment:

Phone:

Work:

**Payment Type:** Cash, CCAP, Scholarship, OTHER (Please ask if you need an application)

**If you have any questions, please contact:**

**Allison Gordon - Child Care Coordinator**

allison.gordon@whiteearth-nsn.gov

**Phone: (218)-983-3285 ext. 1451      Fax: (218)-983-4106**