

Summer Care Request Form

Date and Time of Inquiry_____

Child's Name_____ Date of Birth_____

Parent's Name_____ Phone Number_____

Priority for summer care shall be as follows (check any that apply to parent/guardian's current work status):

- Wilson Medical Center employees
- Siblings of currently enrolled children
- Board members
- Physicians
- Physician office staff
- Grandchildren of employees
- County/City employees
- The general public

Date and Days of Week of Care Needed _____

Date That Parent Was Notified About Space Availability_____

- Yes, date/days available
- No, date/days not available
- A portion of date/days requested is available:_____

Date information updated on Wait List file _____

Comments_____