

MercyOne Child Development Center & Preschool Wait List Form

Please complete form and submit via email to dqdcscsch@mercyhealth.com . Forms can also be printed and sent via FAX to 563-589-9559, or mailed to: MercyOne CDC & Preschool, 250 Mercy Dr., Dubuque, IA 52001.

Parents' Names: _____ Todays date: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-Mail: _____

| Name of Child Enrolling | Age | Date of Birth | Start Date |
|-------------------------|-----|---------------|------------|
| | | | |
| | | | |
| | | | |

Name of siblings already enrolled in the center: * _____
 *If you have a child already enrolled in the center, your waitlist status for a new child will be prioritized within your waitlist category.

Approximate Attendance:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------|--------|---------|-----------|----------|--------|
| Arrival & Departure Times | | | | | |

Check place of employment:

Benefit eligible MercyOne Dubuque and Dyersville employee, Trinity Health (including Genesis Health System, TIS, THCE, TH System Office, etc.) employees working at the Dubuque or Dyersville campus or owned satellite facility (benefit eligible = 32+ hours or more per pay period).

Active Members of MercyOne Dubuque/Dyersville Medical Staff in Tier I status (Tier I = member of MercyOne Dubuque ACO chapter and recognized with Tier I benefit coverage through the health plan). Allied Health Staff (NP, PA, CRNA) employed by a Tier I status group.

Full-time non-physician/allied health employees of a Tier I group (ie: Medical Associates, FCN, TSSC, TSOH, Health Choices, GRMG, Great River Oral Surgery).

MercyOne Dubuque or Dyersville Board Member.

Grandchild of benefit eligible MercyOne Dubuque/Dyersville employee.

Non-benefit eligible MercyOne/Trinity Health employee (budgeted less than 32 hours/pay period except - PRN employees) and community members.

List name of employer: _____

I understand that I am not guaranteed a place in the center program. If I am offered a place in the program and I decline, my child's name will be shifted to the end of the list.

I further understand that it is my responsibility to notify Mercy Child Development Center & Preschool of any changes in the above information.

By checking the boxes above and typing your name in the signature field below, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Tour Date and Time: _____

Confirm Parent Email:

Classroom/Primary Caregiver: _____

Email Link and Rate Info:

Confirm Employment/Status:

Copy for Teacher:

Employee ID: _____

Return Original: