Wee Care at Labor
Building #12 State Campus
Albany, NY 12240
WAITING LIST APPLICATION

Child's Information

Last Name_____First Name_____

Gender_____Birth/Due Date_____When is care needed_____

Parent/Guardian Information

Last Name_____First Name_____

Home Address_____

Work #_____Cell#_____

Are you a DOL employee? YES OR NO State employee? YER OR NO

Union Affiliation: CSEA_____PEF_____UUP_____GSEU_____COUNCIL82_____

E-MAIL Address_____

Parent/Guardian Information

Last Name_____First Name_____

Home Address_____

Home #_____Work #_____Cell#_____

Are you a DOL employee? YES OR NO State employee? YER OR NO

Union Affiliation: CSEA_____PEF_____UUP_____GSEU_____COUNCIL82_____

E-MAIL Address_____

Is one of the child's Grandparents a State Employee? YES_____NO_____

Note: Please include a $12.00 application fee, payable to Wee Care at Labor, Inc or Venmo @WCAL1990 This will put the child's name of the waiting list appropriate by age and priority. This fee is non-refundable.

*When you are contacted for an opening at Wee Care at Labor you will have 24 hours to respond to our initial phone call.

_____ _____

Signature of person completing application Date

OFFICE USE ONLY

Dates called _____ Left message Accepted spot stay on List

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