

Wee Care at Labor
State Office Campus Building 12
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 _____

Home # _____ Work _____ Cell _____

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

Union Aff. CSEA _____ PEF _____ UUP _____ GSEU _____ COUNCIL 82 _____

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? YES OR NO

Union Aff. CSEA _____ PEF _____ UUP _____ GSEU _____ COUNCIL 82 _____

E-mail address _____

**Is one of the child's Grandparents a state employee? Yes _____ No _____

Note : Please include a \$10.00 application fee, payable to Wee Care at Labor , Inc. This will put the child's name on 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