

YOUNG-UNS CHILD CARE CENTER, INC.
3375 Kennedy Circle
Dubuque, IA 52002
563-584-0845 OR 563-584-9284
Email: debmcdonnell10@gmail.com, Barbweber25@gmail.com

Dear Parents,

You have been on our waiting list since _____

You have previously inquired about bringing your child to Young-uns. In order to keep our waiting list current, information is updated 2-3 times per year. If you would like your child's name to continue on our waiting list, please make sure to return this letter by _____.

Due to difficulty with scheduling, Young-Uns only takes full-time infants. The policy for infants is that you will sign a contract to pay the full-time rate for 50 weeks per year. You will be allowed to take two weeks off during the year (full weeks at a time) that you do not have to pay for. If Young-Uns is closed due to a holiday, then you will be charged the average amount of hours that you normally come times 4 days. These holidays include New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. The order in which children will be accepted is:

- | | |
|---|--------------------------|
| 1) Staff members children | 5) ½ days, set days |
| 2) Siblings of children already attending | 6) Full day, varied days |
| 3) Full time applicants | 7) ½ days, varied days |
| 4) Full day, set days | |

Please fill out the following information and return it to Young-uns Child Care Center, 3375 Kennedy Circle Dubuque, IA 52002.

Mother's Name _____
Address _____
City, State & Zip _____
Home/Cell Phone Number _____
Work Place _____
Work Phone Number _____
Email Address _____

Father's Name _____
Address _____
City, State & Zip _____
Home/Cell Phone Number _____
Work Place _____
Work Phone Number _____
Email Address _____

Children's names & Birthdays:
1. _____
2. _____
3. _____
4. _____

What hours of child care will you need? (Please try to be specific as possible)
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

If you child is school-aged, what school does he/she attend? _____

Does your child require any special needs/assistance? _____ if yes, please describe _____

Do you qualify for Child Care assistance? ____ If yes, circle which type: DHS/ Preschool Scholarship/Dubuque Community/Other

If my name comes up on the waiting list I would like to begin child care _____ (Month/Year)

How did you hear about Young-Uns? _____

If you have any questions, please call Deb or Barb. Thank you for taking the time to fill out this form. We look forward to meeting you and your precious little one(s).

Sincerely,
Deb McDonnell & Barb Weber