

Dear Family:

Thank you for your interest in Children First! We have been providing quality care in downtown Columbus since 1985. Children First offers care for children aged 6 weeks to 5 years. We provide excellent child care to state employees and those families who work and/or reside in the downtown area.

Interested families are encouraged to place their name on our waitlist as soon as possible since applications for care are maintained in the order in which they are received. Families requesting care are required to pay a non-refundable fee of \$100 to secure their name on the waitlist. Priority is given to families already receiving care at Children First and employees of the State of Ohio.

Waitlist applications are reviewed monthly and available openings are offered to families who are next on the waitlist. The applicant may refuse the opening or may ask to remain on the waitlist for a later date. Unfortunately, the waitlist is unpredictable and it is difficult to be precise about the admittance date to the Center. We recommend you call periodically to check your status on the list and/or update your information if necessary.

When a family accepts an opening, a \$100 registration fee and a deposit of two week's tuition will be required to ensure your child's placement for each child even if the second child is a sibling. Please note, the deposit will only be returned if you provide a 30-day notice to regarding the decision to not enroll or to leave Children First.

Please feel free to call us at any time with questions or to check your status. We truly look forward to providing you with the best service and care for your child!
Thank you,

Tiffany Hance
Director

WAITLIST APPLICATION
Children First
77 S. High St. Columbus, OH 43215
614-466-0945

A \$100.00 non-refundable fee must accompany the waitlist application.

Child's Birthdate or Expected Due Date:

Approximate date care needed:

Child's name:

Parent Name:

Address:

Phone Numbers (work) (home)

(cell) (email address)

State Employee: No Yes

Employer Name

Parent Name:

Address (if different):

Phone Numbers (work) (home)

(cell) (email address)

State Employee: No Yes

Employer Name

OFFICE USE ONLY

Date Received: _____ Check Number _____ Post Card Sent _____

Notes:
