



Application for Wait List

By completing this form, you are requesting that your child be entered onto the WECP wait list, which can be anywhere from 1 month – 2 years to secure a space, depending on your needs and how/when the spaces open up. Once you have completed this form and emailed it to the WECP Director, thoveland@wisc.edu, you will receive a confirmation email. Please reach out to the Director directly with any questions at any time.

The wait list application fee is \$ 25.00 per child payable by check to Waisman Early Childhood Program. Please send completed form with your payment to WECP, 1500 Highland Ave S101, Madison WI 53705.

Name of Child/First and Last: _____ DOB or Due Date: _____

Desired Start Date/Month/Day/Year: _____

Parent/Guardian #1:

Name: _____

Email: _____

Phone number: _____

Parent/Guardian #2:

Name: _____

Email: _____

Phone: _____

1. Sibling currently in attendance: YES (sibling name) _____ NO _____

2. Waisman Center or UW-Madison Affiliated: YES (Division) _____ NO _____

3. Child with special needs: YES (please explain) _____
NO _____

4. WECP Alumni Family (family had child enrolled in the past): YES ____ NO _____

Do you have Tuition Subsidies? WI Shares ____ CCTAP ____ CCAMPIS ____ City of Madison ____

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For Office use only:

Date Application and Application Fee Received: _____ Check #: _____

Date Spot Offered: _____ Deadline to accept: _____

Accepted: ____ Declined: ____ Stay on Wait List? Yes No

Notes: