



Kaweah Delta
Kaweah Kids Center

A division of Kaweah Delta Health Care District

Caring. Exploring. Learning.

WAITING LIST APPLICATION

TODAY'S DATE: _____ DATE YOU NEED CHILDCARE: _____

MOTHER'S Name: (first) _____ (last) _____

FATHER'S Name: (first) _____ (last) _____

CHILD'S Name (name) _____ (last) _____

CHILD'S Birthdate _____ or due date _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ Home Phone #: _____

MOTHER'S work phone: _____ CELL # _____

Email Address: _____

FATHER'S work phone : _____ CELL# _____

Email Address: _____

CLASSROOM
(Circle one)

INFANTS
(0-24 months)

TODDLER
(2 years old)

PRESCHOOL
(3-5 years old)

Scheduling:

_____ ROTATING (Kaweah Delta employees only) # of days per week _____

_____ SET SCHEDULE, please circle the days you need care

M-F or Monday Tuesday Wednesday Thursday Friday

Employee Sibling currently in KKC Community (non hospital employee)

Subsidized Program (eligible for financial assistance for child care) Resource & Referral Tulare Works

Supervisors Name (KD Employee only) _____ Dept. _____

Email: kkcmainoffice@kdhcd.org or fax to: 635-6234 or leave in KKC office

G://>OFFICE>Waitlist Tuition Schedule for Email