

Summer Care Request Form

Date and Time of Inquiry _____

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone Number _____

Priority for summer care shall be as follows (check any that apply to parent/guardian's current work status):

- WilMed Healthcare employees
- Siblings of currently enrolled children
- Physicians
- Physicians office staff
- Grandchildren of employees
- County/City employees
- The general public

Date and Days of Week of Care Needed _____

Date That Parent Was Notified About Space Availability _____

- Yes, date/days available
- No, date/days not available
- A portion of date/days requested is available: _____

Date information updated on Wait List file _____

Comments _____