



Preschool Promise Waiver Request Form

_____	_____	_____	_____
Child's Name	Child's Date of Birth	Phone Number	Alt. Phone Number
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	
Adult 1 Name	Relationship to Child		
_____	_____	_____	
Adult 2 Name	Relationship to Child		
_____	_____		
Email	Previous Preschool/Birth-3 experience		
_____	_____		
Total # in Household/Annual Income	Center Selected		

Reason for Requesting a Waiver

___ The MVCDC location nearest to my home does not offer transportation that my family needs

___ The MVCDC location nearest to my home does not offer the hours of operation my family needs

___ My family will not qualify for Publicly Funded Child Care because: _____

___ My child is already enrolled in another program

___ Other: _____

_____	_____
Parent/Guardian Signature	Date

Please Return To:

Preschool Promise
 ATTN: 4C for Children – Preschool Promise Family Specialist
 1000 N. Keowee St.
 Dayton, OH 45404

Or via email at applications@preschoolpromise.org

OFFICE USE ONLY: Date Submitted: _____ Approved _____ Denied _____ Date: _____

Signature of Preschool Promise Rep.: _____