

# WATERFORD COUNTRY SCHOOL FOSTER CARE



## Interest Sheet

Thank you for your interest in becoming a Waterford Country School Foster Parent. Please fill out the following information so that a staff member can contact you to discuss foster parenting and the approval process. We look forward to working with you!

Date: \_\_\_\_\_

Name(s):

_____	_____	_____
First	Middle Initial	Last
_____	_____	_____
First	Middle Initial	Last

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### How did you hear about us?

- Newspaper (specify):
- A WCS Foster Parent (specify):
- Booth (specify):
- Poster
- Phone Book
- Church/School
- Internet
- Other (specify):

### What foster care class time slots work for you?

- Weekday Evenings
- Weekdays All-day
- Saturdays

Please mail completed form to:

**Waterford Country School  
Foster Care Program  
2 Clinic Drive  
Norwich, CT 06360  
Attn: Recruiting**