

Date of Application _____

Date Care needed _____

Waiting List Registration Form

Childs Name _____ **DOB:** _____

Address _____ City _____ State _____ Zip _____

Contact number _____ Email _____

Mother's Name _____ **Father's Name** _____

Work _____ Work _____

Address _____ Address _____

Phone _____ Phone _____

How did you hear about us? _____

Desired Schedule:

7:30 - 2:30 pm Monday Tuesday Wednesday Thursday Friday

7:30 - 6:00 pm Monday Tuesday Wednesday Thursday Friday

There is a \$50.00 **non-refundable** waiting list fee. This will be applied to your registration fee at enrollment.

FOR OFFICE USE ONLY:

Waiting list fee paid _____ Check # _____ Date _____

Registration Balance _____ Accepted _____

Start date _____ Possible Class _____