

Wait List Application

Today's Date:				
Child's Name	Sex	Current Age	Birth date or Due Date	
Home Address			Home Telephone	
Parent/Guardian #	[‡] 1's Name	Email Address	Cell Phone Number	
Parent/Guardian #	[‡] 2's Name	Email Address	Cell Phone Number	
	2-month schedu	le (child will attend year-rou	nd) ng the months of June and July)	
	nrolled in a part		k all that apply]: enrolled in a full-time child cared for on a regular part-time or full-time basis	
		has previously been enrolle eking a new child care arrans	d in a child care program or cared for regularly by gement?	
Is there additional	information that	you would like to share?		
_	family's spot on	<u>-</u>	this application along with a non-refundable <u>ol, Inc.</u> in person, by email, or via mail to the	
Date ap Other notes:	plication receive	For Office Use Office	n <u>ly</u> ion fee check number:	