## **Waiting List**

Today's Date:	
Child's Name:	
Date of Birth:	
Address:	
City:	_ State: Zip Code:
Parent/Guardian Name:	
Home Phone:	Cell Phone:
Email Address:	
Preferred Enrollment Start Date:	
Days Attending: Mon Tues	Wed Thurs Fri
Please circle one: Full Day or Half [	Day
Do you require subsidy? Please chec	ck one: Yes No
How did you hear about us?	

<sup>\*\*</sup>In the event that you find another daycare center that readily has enrollment space for your child, please contact us to have your child removed from the waiting list.