**Lil Einstein’s Educational Childcare**

Wait List Application

Date Applied:\_\_\_/\_\_\_\_/\_\_\_\_\_ Anticipated Start Date:\_\_\_/\_\_\_/\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s D.O.B \_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s D.O.B \_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parents (Guardians) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

House# Street APT#

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

 City State Zip Code

Type of Care Needed: Full Time Part Time Before School After School

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM | 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |

Are you available to start before the date above, should a space open sooner? \_\_\_\_ Yes \_\_\_\_No

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application, I understand and agree that

* This application must be accompanied by a $265 deposit ($25 Registration +$240 towards 1wk deposit) either by check or (ONLY) Postal Money Order made to Lil Einstein’s Educational Childcare.
* My deposit is only refundable with written notice, at least 15 days before anticipated start date.
* If I pass on an available opening, the deposit will not be returned.
* My deposit may remain on file if I choose to wait for a subsequent opening.
* My deposit will be applied to the 1wk deposit, once I accept an opening and agree to a start date.
* Applicants who have a sibling registered for care are given priority.
* Full-time applicants are given priority above Part Time applicants
* Date of application will then be followed
* I can check the status of my wait list rank by emailing/calling Lileinsteinschildcare428@gmail.com / 845-786-5891