Waitlist Registration Form Uplands

Child's Name: _____ Date of Birthday: _____

Parent's Name: _____

Address: _____

Email: _____ Phone: _____

Start Date: _____

Do any of the child's siblings currently attend our center? ☐ Yes ☐ No

Care needed? ☐ Before & After School ☐ After only ☐ Before only

☐ Spring Break Camp ☐ Summer Camp

Days Attending: (Please check appropriate boxes)

☐ Full time (Monday to Friday)

☐ 3 times per week (Mon/Wed/Fri)

☐ 2 times per week (Tues/Thurs)

☐ Other: _____

_____ _____

Parent's signature Date