

AN APPLE A DAYCARE NY, INC

WAITING LIST APPLICATION

Date Applied: ____/____/____

Anticipated Start Date: ____/____/____

Child's Name: _____ Child's Birthday: ____/____/____

Parent's Names: _____

Address: _____ Phone: (____) _____ - _____

Type of Care Needed: Full Time + Full Time Part Time Half Day

Days/Hours: M: _____ - _____

Tu: _____ - _____

W: _____ - _____

Th: _____ - _____

F: _____ - _____

Are you available to start before the date above, should a space open sooner? __Y__ __N__

Signed: _____

By signing this application, I understand and agree that

* this application must be accompanied by a \$150 deposit made to
AN APPLE A DAYCARE NY, INC.

- * 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 security deposit, once I accept an opening and agree to a start date.

* the waiting list is ranked

- * Applicants who have a sibling registered for care are given first priority.
- * Full-time+ / Full Time applicants are given priority above Part Time/Half Day applicants
- * Date of application will then be followed

* I can check the status of my waiting list rank on **www.anappleadaycareny.com** by looking for my child's initials.