



# Catalina Kid Ventures

## Waiting List Form

You may complete, scan and then email this form  
back to us at: [CatalinaKidVentures@icloud.com](mailto:CatalinaKidVentures@icloud.com)

**INITIAL WAIT LIST DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

### CHILD'S INFORMATION:

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

Birthdate: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Home address: \_\_\_\_\_

Do you have (or have you had) another child or children enrolled at CKV?

<b>No</b>	<b>Yes</b>	Name _____	Age: _____
		Name _____	Age: _____

### CHILD CARE PROGRAM INFORMATION:

CKV is open Monday - Friday from 8am-5pm. We offers the following schedules:

**Toddler Room: Tuesday - Friday**      **Dates to Attend: 2, 3 or 4 days per week**

**Preschool Room: Monday - Friday**      **Dates to Attend: 2, 3, 4 or 5 days per week**

Desired start date: \_\_\_\_\_ Preferred Schedule: \_\_\_\_\_

More details if necessary: \_\_\_\_\_

\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

Name and relationship to child: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and relationship to child: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

**OTHER INFORMATION:**

If referred, name of the person who referred you: \_\_\_\_\_

Are you considering any other childcare options? \_\_\_\_\_

Anything else you would like to tell us about your family? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

*Stacy Massey*

Stacy L. Massey, Director

**Catalina Kid Ventures**

**Email:** [CatalinaKidVentures@icloud.com](mailto:CatalinaKidVentures@icloud.com)

**Website:** [CatalinaKidVentures.org](http://CatalinaKidVentures.org)

**School Phone:** 310-684-2005