

WAITLIST FORM



**Little Nuggets
Daycare**
EST. 2024

Parent's name _____

Contact number/s _____

Parent's name _____

Contact number/s _____

Address _____

Child's Full Name _____

Date of Birth _____ Age _____ Gender _____

Preferred Start Date _____

Days & Hours of Care

	MON	TUE	WED	THU	FRI	SAT	SUN
Hours Available	7:30 AM to 5 PM	CLOSED	CLOSED				
Hours Requested						-	-

Additional Requests / Considerations

Tour Diet Restrictions (allergies) Medical Requirements (asthma, diabetes, etc.)

Other _____



Parent Signature / date

Parent Signature / date