



Waiting List / Interest Form

Thank you for your interest in our childcare program! Please complete the form below to be added to our waiting list. We will contact you as soon as a space becomes available.

Child Information

Full Name:	
Date of Birth (MM/DD/YYYY):	
Program of Interest:	<input type="checkbox"/> Toddler Program <input type="checkbox"/> Preschool Program <input type="checkbox"/> After School Program
Desired Start Date:	
Days of Interest:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Days: _____)

Parent/Guardian Information

Primary Contact Name:	
Relationship to Child:	
Phone Number:	
Email Address:	
Address:	
Secondary Contact Name (optional):	
Relationship to Child:	
Phone Number:	
Email Address:	

Additional Information

Has your child attended childcare before? (Yes / No):	
Allergies/Medical Needs/Special Accommodations:	
How did you hear about us?	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Online <input type="checkbox"/> Community Event <input type="checkbox"/> Other: _____

Agreement

I understand this form places my child on the waiting list for the childcare program. Completing this form does not guarantee enrollment.

Parent/Guardian Signature:

Date:

