**Bellas Artes CCC**

Wait list registration form / Forma de registración lista de espera

Child’s name #1/Nombre del niño #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name #2/Nombre del niño #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth/Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth/Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_ Due date/Fecha Probable del parto: \_\_\_\_\_\_\_\_\_

Address/Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name/Nombre de los Padres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you need care? /Cuando Necesitas cuidado infantil?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require subsidy? /¿Necesita subsidio? Yes\_\_\_\_ Si \_\_\_\_ No\_\_\_\_

Private Care \_\_\_\_\_ Cuidado Privado\_\_\_\_\_\_

What kind of Service are you are looking for? choose one: Full time\_\_ Part time\_\_\_ Per day\_\_ Per hour\_\_\_

Nighttime care\_\_\_\_\_\_ Day time care\_\_\_\_\_\_\_

¿Qué tipo de servicio busca? escoja uno: Tiempo completo \_\_\_ Medio tiempo\_\_\_ Por día\_\_\_\_ Por hora \_\_\_

Cuidado de día \_\_\_\_\_\_\_ Cuidado Nocturno\_\_\_\_\_\_\_\_

Our Schedule/ Nuestro Horario:

Monday/Lunes – Friday/Viernes 7:00am-6:00pm Day Time Care/Cuidado Diurno \_\_\_\_\_\_

Monday/Lunes – Friday/Viernes 6:00pm-6:00am Nighttime Care/Cuidado Nocturno\_\_\_\_\_\_\_

Saturday/Sabado 8:am- 5:00pm\_\_\_\_\_\_

How did you hear about us? /Como escucho de nosotros? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature/Firma :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_