



# The Learning Center Wait List Form

Rec'd: ____ / ____ / ____
18 mos. ____ / ____ / ____

_____ Child's First Name	_____ Child's Last Name
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_____ Address	_____ City	_____ State	_____ Zip Code
____ / ____ / ____ Date of Birth		Assigned Gender _____	

_____ Parent/Guardian 1	_____ Email Address
( ) _____ - _____ Cell/Home/Work Number	

_____ Parent/Guardian 2	_____ Email Address
( ) _____ - _____ Cell/Home/Work Number	

Sibling on Waiting List Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Preferred Schedule:**

1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
<input type="checkbox"/> FT	<input type="checkbox"/> FT	<input type="checkbox"/> FT
<input type="checkbox"/> 3 Full Days [M/W/F]	<input type="checkbox"/> 3 Full Days [M/W/F]	<input type="checkbox"/> 3 Full Days [M/W/F]
<input type="checkbox"/> 2 Full Days [T/TH]	<input type="checkbox"/> 2 Full Days [T/TH]	<input type="checkbox"/> 2 Full Days [T/TH]

Preferred start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred by: \_\_\_\_\_

Interested in applying for TLC's Tuition Assistance Fund

Family lives/works within 1 mile of TLC     Family lives/works in PA, more than 1 mile of TLC

Reason you are interested in TLC for your child. \_\_\_\_\_

What language[s] are spoken at home? \_\_\_\_\_

We value partnering with families. Who will bring and pick up your child from TLC? \_\_\_\_\_

What arrival and departure time do you anticipate for your child? \_\_\_\_\_

**Please return this form to TLC with your \$100 non-refundable fee**

\*\*\*The maximum length of day for children at TLC is nine hours\*\*\*

**For Office Use Only:**

Date first on list \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Tour Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes:
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