



DAYCARE NAME WAITLIST REQUEST FORM

CHILD INFORMATION

Child's Name: _____ DOB: _____ AGE: _____

☐ Male ☐ Female Requested Start Date: _____

PARENT/LEGAL GUARDIAN INFORMATION #1

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

PARENT/LEGAL GUARDIAN INFORMATION #2

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

| DAYS IN CARE | MON | TUE | WED | THU | FRI |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DROP-OFF TIME | | | | | |
| PICK-UP TIME | | | | | |
| FULL DAY OF CARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes

Parent Signature

Date