

Date Received \_\_\_\_\_

**St. Mary's Sunshine Center**  
**Waiting List Form**

1<sup>st</sup> Child's Name \_\_\_\_\_

Date of Birth or Expected Due Date \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_

Date of Birth or Expected Due Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Requested Enrollment Date \_\_\_\_\_

Comments: \_\_\_\_\_

**You are encouraged to include all phone numbers. If we are unable to reach you, you will be removed from the list. You have two business days to respond to enrollment inquiries and pay necessary fees to hold your child's place.**