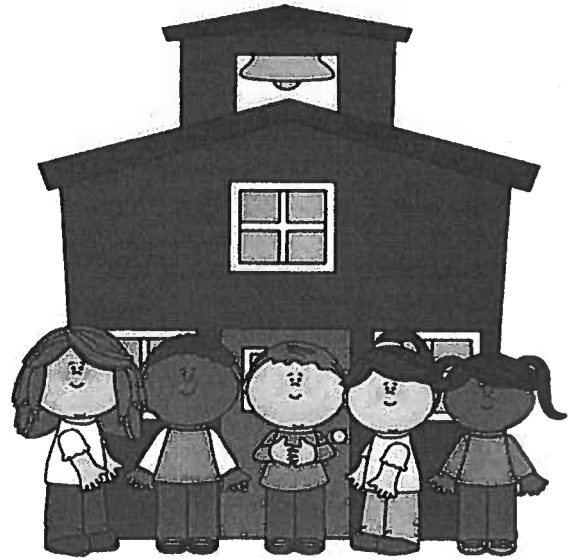


Waiting List



Today's Date: _____

Child's Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Enrollment Start Date: _____

Days Attending: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Please circle one: Full Day or Half Day

Do you require subsidy? Please check one: Yes _____ No _____

How did you hear about us? _____

****In the event that you find another daycare center that readily has enrollment space for your child, please contact us to have your child removed from the waiting list.**