



WAITLIST APPLICATION

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Home Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Cell #: _____

Home Address: _____

Email: _____

CHILD CARE NEEDS

Desired Start Date: _____

Days Needed: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Hours Needed: _____

ADDITIONAL INFORMATION

Allergies/Medical Notes: _____

Anything you'd like us to know: _____

Thank you for applying to join Little Roots Early Learning Daycare's waitlist. We will contact you as soon as a suitable space becomes available!