

DAYCARE WAITLIST FORM

Desired Start Date: _____

CHILD'S INFORMATION

Full Name: _____ Date of Birth/Due Date: _____

Child's Home Address: _____

Signature of Parent/Guardian: _____ Phone: _____

Name of Sibling (if applicable): _____ Date of Birth: _____

CHILDCARE PROGRAM PREFERENCE

Indicate which childcare program you prefer your child to attend by checking the appropriate box. If you have no preference, check all the boxes.

We will fill the appropriate slots as they open for either session.

PARENT(S)/LEGAL GUARDIAN(S) CONTACT INFORMATION

Name: _____ Relationship to Child: _____

Cellphone Number: _____ Home Phone Number: _____

Email Address: _____

Name: _____ Relationship to Child: _____

Cellphone Number: _____ Home Phone Number: _____

Email Address: _____