

# 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: \_\_\_\_\_