



Waitlist Form

Child Name: _____ Age: _____ DOB: _____

Requested start date: _____

Days needed (circle): **Monday Tuesday Wednesday Thursday Friday***

Circle one: **Half Days Full Days**

Allergies: _____

Mother/Guardian name: _____

Address: _____

Phone #: _____ Email: _____

Father/Guardian Name: _____

Address: _____

Phone #: _____ Email: _____

Child lives with (circle): **Mom Dad Both Guardian**

Additional information you wish to disclose:

*Friday's are half days only (8:45am-12:30pm)