

WAITLIST APPLICATION

GENERAL INFORMATION

Date: ____/____/____

____/____/____

Child's Name or "Baby" if unborn Date of Birth Gender or TBD

Parents' Names

Address

Home Phone Work Phone E-mail Address

IDEAL START DATE

An ideal start date for my child would be: ____/____/____. Please understand this may not be your child's actual

start date. This date is used along with your position on the waitlist to offer a space when it comes available. Please keep

in contact with us as we may not call you until we have a space available.

Full time students may attend at any time during the Center's operating hours, but we strongly encourage parents to

limit their child's day to no more than ten hours per day.

ADDITIONAL INFORMATION

How did you hear about us? Is there any other information that you would like to provide in advance of your placement?

Please note that your child will remain on our waitlist initially for twelve months. You may extend the length of time that you would like to remain on the waitlist by contacting us before the expiration of the initial 12-month period. We will send an email to the email address listed above about one month prior to the expiration of the 12-month period. If you do not request an extension and/or do not respond to the email that we send to you, we will assume that you would like to be removed from our waiting list and will proceed accordingly. By signing below, you acknowledge and agree to this policy.

Parent's signature Date

Office Use Only

Date Received: ____/____/____