# Waiting Enrollment Application

Child's Name: _____
First Middle Last

Date of Birth: _____ Present Age: _____

Desired Start Date: _____

Please Check One of The Following

___ Waiting for All Day Program

___ Waiting for Before & After School Program

___ Waiting for Infant & Toddler Program

Parent/Guardian's Name: _____

Home Address: _____

_____

Email Address_____

Home Phone: _____ Alternate Phone_____

---

Office Use Only

☐ Registration Fee Paid $_____ Date_____

☐ Security Deposit Paid $_____ Date_____