



# 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 \_\_\_\_\_

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## Office Use Only

Registration Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_

Security Deposit Paid \$ \_\_\_\_\_ Date \_\_\_\_\_