



Wait List Interest Application

Non-Refundable Wait List Fee of \$5.00 per child required before wait list application processed

Parent #1 Name: _____ Cell Phone: _____

Parent #2 Name: _____ Cell Phone: _____

Home Address (Street City, State & Zip) _____

Home Phone: _____ Email: _____

Best method to contact about space availability is _____

Children's Name: _____ Date of Birth: _____ Start Date: _____

Full time _____ Part time (Circle days requested) Monday Tuesday Wednesday Thursday Friday

Children's Name: _____ Date of Birth: _____ Start Date: _____

Full time _____ Part time (Circle days requested) Monday Tuesday Wednesday Thursday Friday

Children's Name: _____ Date of Birth: _____ Start Date: _____

Full time _____ Part time (Circle days requested) Monday Tuesday Wednesday Thursday Friday

Office Use Only

Wait list & Fee Date Received _____ Amount Received _____

Cash/Check# _____ Tour Scheduled Date & Time _____

Tour Completed: YES OR NO Given By: _____