

## WAITLIST FORM

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

### Desired Enrollment Schedule:

	<b>Full-day: 8:00 AM - 5:00 PM</b>	<b>Half-day: 8:00 AM - 12:00 PM</b>
2 days per week Circle 2: Monday / Tuesday / Wednesday / Thursday / Friday	<input type="checkbox"/>	<input type="checkbox"/>
3 days per week Circle 3: Monday / Tuesday / Wednesday / Thursday / Friday	<input type="checkbox"/>	<input type="checkbox"/>
5 days per week Monday – Friday	<input type="checkbox"/>	<input type="checkbox"/>

*Note: 2 and 3 day per week schedules will be determined by current enrollment and availability.*

### Additional Care options (check all that apply): Additional fees will apply.

Early Arrival 7:00 AM – 8:00 AM	<input type="checkbox"/>	<b>+ \$3/day</b>
After School 5:00 PM – 6:00 PM	<input type="checkbox"/>	<b>+ \$3/day</b>

For internal use only:

Date submitted: \_\_\_\_\_

Waitlist Fee paid: \_\_\_\_\_