

Waiting List Application

Name of Child _____ M or F _____

Date of Birth _____

Start Date Needed _____

Date Application Received _____

Parents Information:

Mother: _____ Father: _____

Home Address: _____ Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

A non-refundable application fee of \$60 per family and a non-refundable one week's deposit is due to ensure a confirmed start date.

Signature