



## Wait List/Registration Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Potential Classroom: \_\_\_\_\_

**Time required:** Fulltime: \_\_\_\_\_ Part time: \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Amount of Days: \_\_\_\_\_

Potential start date: \_\_\_\_\_

### CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments/ Questions:

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Enrollment Number: \_\_\_\_\_