



## APPLICATION FOR WAITING LIST

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

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

Known as: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Due Date if applicable: \_\_\_\_\_

### PARENTS:

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Extension and Department: \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Extension and Department: \_\_\_\_\_ Work Hours \_\_\_\_\_

Person(s) with legal custody of child: \_\_\_\_\_

### Indicate below age of child:

\_\_\_\_ 6 weeks to 11 months

\_\_\_\_ 1 to 2 years of age

\_\_\_\_ 2 to 3 years of age

\_\_\_\_ 3 to 4 years of age

The above information is correct and I realize that it is my responsibility to submit any changes in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <b>For Office Use Only ...</b>             |
| Date received: _____ Date Confirmed: _____ |
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