

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