

WAITING LIST APPLICATION



Start Date Preferred: _____

Child's Full Name: _____ Date of Birth: _____ M or F

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Parent/Guardian's Full Name: _____ Relationship: _____

Contact Phone Number: _____ Texting: Yes or No

Email Address: _____

Is this a CCS case? _____

Schedule Needed:

_____ Full Time (Mon-Fri) _____ Lunch Included _____ Will bring lunch

_____ Part time (Mon, Wed, Fri) *this excludes infant room*

If you pay the waitlist fee, you will be called before someone that does not pay this fee. This fee will be applied to your registration fee. This fee is non-refundable for any reason.

_____ Waitlist Fee paid \$80 Check Credit Card Cash (circle one)

Parent/Guardian Signature: _____ Date: _____

Kid's Day Employee signature: _____ Date received: _____

Phone / In Person