

Waiting List Registration Form

Child's Name:							
	First		Middle		Las	t	
Child's Gender:	Male	Female					
Date of Birth:				Present a	ge:		<u>.</u>
Desired Start Da	te:		-				
Please check on	e of the followir	ng:					
Waiting fo	r Fulltime Progra	am					
Waiting fo	r Before Care O	nly Program					
Waiting fo	r After Care Pro	gram					
Waiting fo	r Before & After	Care School Progr	ram				
Parents/Guardia	ın's Name:						
Home Address:							
_							
Email Address: _							
Home Phone: _			Work/Cell Phone: _				
		Off	ice Use Only				
			-	CA_	BT	PP	DB
Non Defundable	Registration Fe	vo. ¢	Date Paid:	/	/	Staf	f initials
Non-Refundable						_	

^{*}Complete and return to center*