Enrollment Inquiry/ Waitlist

Today’s date: Desired Start Date:

Schedule: Full Time Part Time Days of the week: M T W TH F

Child’s Name: Male or Female D.O.B./Due Date:

Parent/Guardian Information:

Lives with: □ Both mom & dad □ Single Parent □ Grandparent □ Other

Mother’s Name: Cell #:

Address:

Street Address City Zip

Home phone #: Email:

Employer: Work phone #:

Father’s Name: Cell #:

Address:

Street Address City Zip

Home phone #: Email:

Employer: Work phone #:

Does your child have any known allergies?

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| For Office Use Only: | | |
| Deposit $ \_\_\_\_\_\_\_\_\_\_\_\_  Date Paid \_\_\_\_\_\_\_\_\_\_\_\_  By:  □ Check # \_\_\_\_\_\_\_\_\_\_  □ Credit Card  □ CCAP | Status:  □ Pre-Registered (Priority)  □ Wait List | Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Enrolled Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments:  □ Offered Spot – date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/ Left Message/ Email  □ Accept □ Decline - Remove from waitlist - date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stay on waitlist | | |