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?

|  |
| --- |
| 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 |