

# Care 2 Learn Daycare

## Waiting List Form

Date: \_\_\_\_\_

### **1st Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Gender: Male ☐ Female ☐

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Has your child attended a daycare? If so, Reason for leaving: \_\_\_\_\_ Do you have a voucher? \_\_\_\_yes \_\_\_\_ No

Anticipated Start Date: \_\_\_\_\_

Check which days of the week are needed? (We are open from 8:30 am-4:30 pm)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Indicate whether you need Full time ☐ or Part-time ☐ Hours: \_\_\_\_\_a.m. \_\_\_\_\_p.m.

### **2nd Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Gender: Male ☐ Female ☐

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Has your child attended a daycare? If so, Reason for leaving: \_\_\_\_\_ Do you have a voucher? \_\_\_\_yes \_\_\_\_ No

Anticipated Start Date: \_\_\_\_\_

Check which days of the week are needed? (We are open from 8:30 am-4:30 pm)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Indicate whether you need Full time ☐ or Part-time ☐ Hours: \_\_\_\_\_a.m. \_\_\_\_\_p.m.

### **Guardian's Information**

Guardian 1 Name: \_\_\_\_\_ Guardian 2 Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

We will notify the next child on the list when the space becomes available. We will also move the Applications to the age-appropriate group as the child increases in age. You can call or email us to check on the status of the waiting list. Please reach out to us if alternative care has been found and want your name removed from the waiting list.

Guardian's Signature: \_\_\_\_\_