



EARLY LEARNING CENTER

Waitlist Application:

CHILD:

Full Name: _____

Preferred Name: _____

Date of Birth: _____

(7:00am-5:45pm)

Pre-School

(2:00pm-5:45pm)

After School

SIBLINGS: (If applying to our programs as well)

Full Name: _____

Full Name: _____

Date of Birth: _____

Date of Birth: _____

Pre-School

After School

Pre-School

After School

MOTHER:

Name: _____

Phone: _____

Email: _____

FATHER:

Name: _____

Phone: _____

Email: _____

Office Use Only:

Payment: Cash / Check / Venmo

Staff Initials: _____

Date: _____

Information: _____
