

Waitlist Form

Child's Name:			DOB:			
	First	Middle	Surname	d	ld/mm/yyyy	
Gender: M	F					
LEGAL GUA	RDIAN(S)					
Name:			Ro	Relationship:		
Phone: (home)		(wo	(work)		(cell/pager)	
E-Mail Addres	ss:					
Name:			Relationship:			
Phone: (home)		(work)		(cell/pager)		
E-Mail Addres	ss:					
Child born in: Please check yo			019 □ 2020 2 sessions per week:			
Program	Days			Time		
Full Program	m ☐ Monday /Tuesday/Wednesday/Thu		y/Thursday/Friday	9:00am - 3:30pm		
Morning	☐ Monday /W	/ednesday/Friday		9:00am – 12:30pm		
	☐ Tues/Thurs	day				
Full Day	☐ Monday /Wednesday/Friday			9:00am – 3:30pm		
	☐ Tuesday/Th	ursday				
Payment Sched	dule:			'		
Program			Cost			
☐ Full Program: M-F (9:00am to 3:30pm)			\$875.00 per	month		
☐ M/W/F AM only (9:00am - 12:30pm)			\$340.00 per	\$340.00 per month		
☐ T/TH AM only (9:00am-12:30 pm)			\$220.00 per	\$220.00 per month		
☐ M/W/F full day (9:00am-3:30pm)			\$570.00 per	\$570.00 per month		
☐ T/TH full day (9:00am-3:30pm)			\$410.00 per	\$410.00 per month		