



grow with us

Waitlist Application

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____

Address: _____

Mobile Phone: _____

Work Phone: _____

Desired Start Date: _____

Age Group (circle one):

Program (circle one):

Infant (6 weeks-18 months)

Full-time (5 days)

Toddler (18 months-3 years)

Part-time (M-W-F)

Preschool (3 years)

Part-time (T-Th)

Preschool (4 years)

How did you learn about Eastside Early Learning Center? _____

A \$50.00 non-refundable waiting list fee is required. Thank you for choosing Eastside Early Learning Center.

Signature of Parent/Guardian

Date

<u>Office use only</u>			
Paid \$ _____	Date _____	Cash	Check# _____