



## Waiting List Form

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birthday or Due Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Program interested in: (Please check all that apply)

Infant \_\_\_ Toddler \_\_\_ Full Day 2's \_\_\_ Full Day 3's \_\_\_ Full Day 4's \_\_\_ Summer Camp \_\_\_

After School \_\_\_ School Child is Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you a member of Living Springs Lutheran Church? Yes \_\_\_ No \_\_\_

Is there a sibling on the waiting list? Yes \_\_\_ No \_\_\_

If yes, please list name and birthday \_\_\_\_\_

Is there a sibling enrolled in the preschool? Yes \_\_\_ No \_\_\_

If yes, please list name and birthday \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

This is just a waiting list form and does not guarantee a place in our center. You will be notified when a space has opened for your child. **Your name will be removed from the waiting list if we do not hear from you at least every 4 months.** Priority is given to Church Members and siblings of enrolled children. **(A \$50 non-refundable fee must accompany waiting list form.)**

\*If status should change, priority will change for the child on the waiting list.\*

**Office Use Only**

Date: \_\_\_\_\_ Still Interested: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Still Interested: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Still Interested: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Still Interested: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

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Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Still Interested: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_