

Loving Arms Child Care Center Wait List Application

New application

Revised application

I wish to have my child on the Priority Wait List (attach \$35.00 non refundable fee)

The \$35 fee can be applied to the \$60 registration fee at time of enrollment

I wish to have my child on the Interest List (will refer to only when priority list depletes)

When do you require care for your child? Year: _____ Month _____

What type of care do you want? 5 days/week 3 days/week 2 days/week

Check the option(s) you are willing to accept. You may indicate more than one enrollment schedule, but if you are offered and decline any enrollment schedule you have checked, your child's name will be deleted or go to the bottom of the waiting list for all enrollment schedules

Child's Last Name _____ First _____ Middle Initial _____

Date of Birth (or delivery date) _____ Preferred Start Date _____
Please enter a complete date: **Month** **Day** **Year**

Parent or Guardian's Name _____

Address: _____

City, State Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Please include area code

Email: _____

Parent or Guardian's Name _____

Address: _____

City, State Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Please include area code

Email: _____

How did you hear about our center? _____

I have read and understand the Child Care Wait List.

Parent or Guardians Signature

Date and Time

You may notify us anytime before you are offered an opening of changes in choice of enrollment options or preferred start date. Please also remember to notify us of changes in your phone numbers and/ or address. Call LACCC at 722-1912 or email Deb Rockhoff at debrock@yahoo.com if you have questions about this form.

Office Use only

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Application Received

Application Fee Received

Priority Number