



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 ____ Half Day 2's ____ Half Day 3's & 4 '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 \$40 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: _____

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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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