

# The Learning Center Wait List Form



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Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ Date of Birth       Male       Female

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ Home Number

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Parent 1 \_\_\_\_\_ Email Address \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ Cell or Work Phone Number

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Parent 2 \_\_\_\_\_ Email Address \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ Cell or Work Phone Number

Sibling on Waiting List    Name \_\_\_\_\_    Birthdate \_\_\_/\_\_\_/\_\_\_

Preferred Schedule:    **\*\*\*Infants Fulltime Only**

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

3<sup>rd</sup> Choice

<input type="radio"/> FT <input type="radio"/> 3 Full Days (M/W/F) <input type="radio"/> 2 Full Days	<input type="radio"/> FT <input type="radio"/> 3 Full Days <input type="radio"/> 2 Full Days	<input type="radio"/> FT <input type="radio"/> 3 Full Days <input type="radio"/> 2 Full Days
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Preferred start date \_\_\_/\_\_\_/\_\_\_    Referred by \_\_\_\_\_

Will Take Any Schedule ?       Yes       No

Family lives/works within 1 mile     Family lives/works in PA, more than 1 mile

Why are you interested in TLC for your child? \_\_\_\_\_

\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

We value working in partnership with parents. Who will bring your child to school and pick your child up? \_\_\_\_\_

What arrival and departure time do you anticipate for your child? \_\_\_\_\_

\*\*\*The maximum length of day for children at TLC is nine hours\*\*\*

**Please return this form to TLC with your \$100 non-refundable fee**

Office Use Only:

Date first on list \_\_\_/\_\_\_/\_\_\_    Fee Paid \_\_\_ Y \_\_\_ N    Tour Date \_\_\_/\_\_\_/\_\_\_