

**WAIT LIST APPLICATION**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **email contact:** \_\_\_\_\_

**Names of Parents or guardians: :** \_\_\_\_\_

Number of days per week requested: 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Days of the week requested Please circle each day you would like your child to attend

Monday   Tuesday   Wednesday   Thursday   Friday

Please return this form with a check for \$75.00 made out to the Children's Place. Your name will be placed in succession on our waiting list. ***Fees are non-refundable! A \$50.00 refund will be awarded only if a written request to be taken off the list is given before we notify you that a space has become available.*** Once enrolled, this fee will be credited toward your registration fee of \$75.00.

**Please let us know how you heard of The Children's Place**

\_\_\_ Word of Mouth    \_\_\_ Internet    \_\_\_ Preview night    \_\_\_ Open House,

\_\_\_ Peninsula Parent Magazine    \_\_\_ Child Care Coordinating Council,

\_\_\_ San Carlos Chamber of Commerce    \_\_\_ Yellow Pages    Other : \_\_\_\_\_

**Recommended by:** \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Today's date

Date Application was received: \_\_\_\_\_

By: \_\_\_\_\_  
Employee's name