

Stillmeadow Nazarene Child Care Center WAITING LIST REGISTRATION FORM

Please fill out the form below & return it along with your **\$40 registration fee** to be placed on our waiting list. Please contact a member of our administrative team to schedule a tour.

Child's Name	Birth date/Due date if pregnant
Full Address	
Mother's Name/Legal Guardian	Home phone number
Home Address	Cell number
Email address	
Father's Name/Legal Guardian	Home phone number
Home Address	Cell Number
Email Address	

What are you looking for?

Full Time

Part Time (**ages 3 & above only**) If part time; what days? _____ (2 full days is the minimum)

Before/After School Care

Summer Camp

Full Time Part Time If part time; what days? _____ (2 full days is the minimum)

When are you looking for care? _____

If your child is 2 or older is he/she potty trained? Yes No

Does your child have any special needs, conditions or food allergies we should be aware of?

Yes No If yes, please explain: _____

Who is the best person to contact first? _____

What is the best way to contact that person? (circle one) Home Cell Work Email

If your child is in elementary school, please provide the grade & school your child currently attends:

_____ Grade _____ School

----- (Office Use Only) -----

Application Date _____

Registration Received: Check # _____

WAITING LIST CALL RECORD

- 1.
- 2.
- 3.