Carousel Early Childhood Center, Inc.

Waiting List Application

Date:_____

***1st Child's Name*:**_____ **Child's Date of Birth:**_____

Gender:_____ **Classroom:**_____

***2nd Child's Name*:**_____ **Child's Date of Birth:**_____

Gender:_____ **Classroom:**_____

***Parent/Guardian Info*:**

Parent One: Name:_____ **Phone #:**_____

Relationship to child:_____ **Email:**_____

Parent Two: Name:_____ **Phone #:**_____

Relationship to child:_____ **Email:**_____

When do you want care to begin/ Start Date? _____

How many days per week will you need? (*check which apply*)

☐ 5 days (full-time) ☐ 3 days (part-time) ☐ 25 hrs or less (part-time)

☐ *Please call me with anything that becomes available and I'll decide at that time.*

☐ *Registration fee has been paid to hold/guarantee a space.*
Paid by: ☐ ***Check*** ☐ ***Cash*** ☐ ***Credit card***

Toured Facility: ☐ ***Yes*** ☐ ***No***

Enrollment Form Taken: ☐ ***Yes*** ☐ ***No***