Waiting List Form



Thank you for your interest in Children's Center of Walkersville! Once we receive this form completed in full your child will be placed on our waiting list. You will receive an email confirmation verifying that you are now on the waiting list. If you do not receive a verification email within 72 hours, please let us know so that we can ensure you are on the waiting list.

Child Info	rmation:						
First & Last Name				Date of Birth (MM/DD/YYYY)			
Primary C	aregiver:						
First & Last Name				Address			
Cell Phone				Work Phone			
Email Add	 lress						
P (chool Only: Preschool is from 5-day schedul			S calendar for ho	_	and inclemen -day schedule	
○ Child	Care:	Example	Monday	Tuesday	Wednesday	Thursday	Friday
	Drop Off*	7:30am	www	Tuesday	Weamesday	marsaay	Triday
	Pick Up**	5:00pm					
o Chec		hours: 12pm, 1	pm, 3pm-6pm o	n the half hour to	imize program dis o minimize prograi ant M/W/F bu	m disruption.	is available).
appropria and pay th	will automatica te space is availa ne Registration F d to the next fam	able. At that tir ee to guarante	me, you will be se your spot. If	given 48 hours	to return a com	pleted Registr	ation Form
If you are the same.	called for a spac	e and do not v	vish to take it a	at the time, you	r place/seniority	on the waiting	g list remains
	us know if you f else get the care			ld like your nam	ne removed from	n our list. It mi	ight help
	 Caregiver Signa			 Date			