## **KID CENTRAL- WAITLIST FORM**

Thank you for your interest in our child care center. Please contact the office at (503.837.0169) or at <u>office@kidcentralccc.com</u> to check for availability. If the class is full, please fill out the form below and return it to the office with the \$50 (non-refundable) fee. Our wait list is first come, first serve. When a spot opens in a classroom, we will contact the first family on the list for that room. They can choose to take the spot or pass and wait for the next available spot. If they pass, the next family on the list will be given the same options. If you are on our waitlist and no longer wish to be, please let the office know.

Child's Name	DOB	
Mother's Name		
Email	Phone #	
Father's Name		
Email	Phone #	
Desired start date	Age at entry	
I would like:		
Full-Time Care Part-Time Care (4-5 days per week) (2-3 days per wee		Unsure at this time
Days needing care:		
MondayTuesdayWednesda		
Office Use Only		
Class:InfantWobblerToddlerPreschool		
Waitlist Fee:PaidNot Paid		
Paid by:		
Cash on (date)Ch	eck (number)	Card via Kinderlime