Return to:
Child's Day
2525 Wallingwood #100
Austin, TX 78746

WAITING LIST REQUEST

(Please **Print** Clearly)

CHILD'S NAME	BIRTHDATE / / or
Sex:	"*DUE*" DATE / /

	"*MOTHER*" PARENT	"*FATHER*" PARENT
NAME		
ADDRESS		
CITY / ZIP CODE		
HOME PHONE		
WORK PHONE		
ALT PHONE/PAGER		
EMPLOYED AT		
OCCUPATION		
EMAIL ADDRESS		

I HEARD ABOUT THE CENTER FROM			
WE WOULD LIKE TO START	☐ ASAP	☐ FALL OF _____	☐ OTHER _____
WE MIGHT START AS SOON AS	☐ ASAP	☐ FALL OF _____	☐ OTHER _____

SIGNED:	DATE: / /

The Wait List fee is $50.00, non-refundable (cash or check to "*Child's Day*").

For office use Siblings? _____

Fee	Taken By:

Contact History