

# WAIT LIST REQUEST FORM

THIS COMPLETED FORM WILL PLACE YOUR CHILD ON HARMONY'S WAIT LIST SHOULD THERE BE ONE IN HIS/HER AGE GROUP.

**A \$75.00 WAIT-LIST FEE MUST ACCOMPANY THIS FORM.**

FILING OF THIS FORM DOES NOT TAKE THE PLACE OF ACTUAL ENROLLMENT AND IS WITH THE UNDERSTANDING THAT ENROLLMENT IN HARMONY EARLY LEARNING CENTER IS AT THE DIRECTOR'S DISCRETION.

**YOU WILL BE CONTACTED WHEN SPACE IS AVAILABLE. A TWO-WEEK SECURITY DEPOSIT AND FIRST MONTH'S TUITION WILL BE REQUIRED AT THE TIME OF ENROLLMENT AND IS NON-REFUNDABLE PRIOR TO CHILD'S SIXTIETH DAY OF ATTENDANCE.**

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX M F (CIRCLE ONE)

DESIRED START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS \_\_\_\_ TO \_\_\_\_

DESIRED SCHEDULE M-F T,TH M,W,F

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(\_\_\_\_) \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

GUARDIAN'S EMPLOYER \_\_\_\_\_

GUARDIAN'S WORK# (\_\_\_\_) \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

GUARDIAN'S EMPLOYER \_\_\_\_\_

GUARDIAN'S WORK# (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT PERSON & PHONE #

(\_\_\_\_) \_\_\_\_\_

ANY SERIOUS ILLNESS OR MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE? \_\_\_\_\_

DOCTOR'S NAME AND PHONE # (\_\_\_\_) \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

OFFICE USE ONLY: RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT: \_\_\_\_\_ INITIALS: \_\_\_\_\_