

Carmel and Clay Edu-Care Centers
WAITING LIST APPLICATION FORM

Please Note: Completion of the Waiting List Application does not guarantee your child will be offered a placement in Edu-Care, however, your child will now be placed on the waiting list and we will contact you once we have an opening.

To place your child/ren on our Waiting List - please fill out a form for each child.

INFORMATION ABOUT YOUR CHILD

Last Name: _____ First Name: _____

Birth Date: _____ Sex: _____ Age or Date Baby is Due: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Date needing care: _____ .

My child will attend: _____ Full time _____ Part time (List Days and Time) _____

I wish to have my child attend: _____ Clay Edu-Care _____ Carmel Edu-Care

**A HOLDING FEE IS REQUIRED ONCE WE ARE SURE THAT WE HAVE A PLACE FOR YOUR CHILD.
THIS IS A NON-REFUNDABLE FEE.**

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Work Extension: _____ Work Extension: _____

School or Employed at: _____ School or Employed at: _____

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****** OFFICE USE ONLY ******

Date the form is received at the Center: _____

Start Date: _____ Center: _____ Room Assignment: _____

Holding Fee Received: _____ Check No: _____ Amount Received: _____