

Loving Arms Child Care Center Wait List Application

- New application
- Revised application
- I wish to have my child on the Priority Wait List (attach \$35.00 non-refundable fee)
The \$35 fee can be applied to the \$60 registration fee at time of enrollment
- I wish to have my child on the Interest List (will refer to only when priority list depletes)

When do you require care for your child? Year: _____ Month: _____

What type of care do you want? 5 days/week 3 days/week 2 days/week

Check the option(s) you are willing to accept. You may indicate more than one enrollment schedule, but if you are offered and decline any enrollment schedule you have checked, your child's name will be deleted or go to the bottom of the waiting list for all enrollment schedules

Child's Last Name: _____ **First:** _____ **Middle Initial:** _____

Date of Birth (or delivery date): ____/____/20__ **Preferred Start Date:** ____/____/20__

Please enter the complete dates - Month Day Year Month Day Year

Parent or Guardian's Name: _____

Address: _____

City, State Zip Code: _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Mobile Phone (____) ____ - ____
Please include area code

Email: _____

How did you hear about our center? _____

I have read and understand the Child Care Wait List.

_____/_____/20__ ____:____ AM/PM
Parent or Guardian Signature Date and Time

You may notify us any time, before you are offered an opening, of changes in choice of enrollment options or preferred start date. Please also remember to notify us of changes in our phone numbers and/or address. Call LACCC at (316) 722-1912 or email Amber Jannusch-Holmes at director@laccks.com, if you have questions about this form.

Office Use Only

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Application Received

Application Fee Received

Priority Number