



**ST. LUKE-SIMPSON CHILDCARE CENTER**

**Infants & Toddlers WAITING LIST**

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

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M or F

CHILD'S STREET ADDRESS \_\_\_\_\_  
INCLUDING CITY, ZIP

FATHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**SUMMER SESSION:**

AGE GROUP: \_\_\_\_\_ INFANTS \_\_\_\_\_ TODDLERS

**FALL/SPRING SESSION:**

AGE GROUP: \_\_\_\_\_ INFANTS \_\_\_\_\_ TODDLERS \_\_\_\_\_ 2's

**WAITING LIST FEE \$35.00 CHECK # \_\_\_\_\_**

**PAID BY CASH OR CREDIT (circle one) LAST 4 DIGITS ON CARD \_\_\_\_\_**

**NON-REFUNDABLE**

**IF YOUR CHILD IS PLACED, THIS FEE WILL BE APPLIED TO THE REGISTRATION FEE.**

**PLEASE SIGN TO VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT YOU UNDERSTAND THIS APPLICATION IS FOR THE WAITING LIST ONLY AND WAITING LIST FEE IS NON-REFUNDABLE.**

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_