



ST. LUKE-SIMPSON CHILDCARE CENTER

Infants & Toddlers WAITING LIST

CHILD'S NAME _____

AGE _____ DUE DATE/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 CHECK (circle one)

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: _____