

**WAIT LIST FORM**

Parent Name(s) :

Address:

Home Phone :

Cell Phone:

Email Address:

Child's Name: DOB:

Desired Schedule( days):

Preferred Enrollment Date (month & year)

Reason for needing new child care :

How did you hear about our center?

We will contact you when an appropriate space is available. At that time, we will arrange for you to visit the program.

The Waiting List is maintained in age groups according to the date of pre-registration.

Please let us know if you find alternative care and would like your name removed from our list. It might help someone else get the care they need sooner.

Thank you for submitting your form. I look forward to meeting you and your child.

Please feel free to contact us at 7783863173 or

symmetryearlylearningcenter@hotmail.com