

# Waiting List Form

Date and Time of Inquiry \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone Number: Work# \_\_\_\_\_ Home# \_\_\_\_\_

Home Address \_\_\_\_\_

Business/Dept. \_\_\_\_\_

Priority for waiting list shall be as follows (check any that apply to parent/guardian's current work status):

- Wilson Medical Center employees
- Siblings of currently enrolled children
- Board Members
- Physicians
- Physician office staff
- Grandchildren of employees
- County/City employees
- The general public

Date Care Needed \_\_\_\_\_

.....

Date That Parent Was Notified About Space Availability \_\_\_\_\_

- Yes, Space is available
- No, Space is not available

Date that space is available \_\_\_\_\_

- Will need to pay registration fee by \_\_\_\_\_
- Will need to pay two weeks of tuition to hold space by \_\_\_\_\_

Comments \_\_\_\_\_

---

---