



Waitlist Form

Thank you for your interest in The Learning Circle YMCA. Please remember this form does not guarantee your child a spot in the program but places your child on the center waitlist. A letter confirming receipt of the form will be mailed to you. You will be notified of a placement by phone or email.

Today's Date: _____ **Child's Full Name/Family Name:** _____

Date of Birth/Due Date: _____ **Current Enrolled TLC Family:** _____ Yes _____ No

Home Phone: () _____ **My Preferred Start Date:** _____

Program: (Infants) (Waddlers) (Toddlers) (Pre-School) (Pre-K)
 (6wks-11m) (11m-18m) (18m-2y 10m) (2y 10m- 4y) (4-5)

Scheduling Needs: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Extended Care Needs: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

6:00pm – 6:30 pm (includes dinner) _____ 6:00pm – 7:00pm (includes dinner) _____

Mother's Name: _____ **Home Address:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

Father's Name: _____ **Home Address:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

I have read and understand the above information: _____ Date: _____
(Signature of Parent/Guardian)

For TLC use only: Date Received _____

Sibling: _____ yes _____ no

