



Waitlist Enrollment Form

<input type="checkbox"/>	Waitlist Fee Paid (\$20)
<input type="checkbox"/>	Deposit Paid (\$500)

Family Information	
Child's full name	Date of birth
Parent/guardian name	Relationship
Email	Phone number
Parent/guardian name	Relationship
Email	Phone number

Enrollment Information	
Preferred start date: Preferred weekly schedule: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Is your weekly schedule flexible? Are there any other days that DO or do NOT work for your family? Any other scheduling preferences you'd like us to consider?

Other information
How did you hear about us? Did anyone refer you? What is your child's current care situation and why are you looking to change it? Are your child's immunizations, including COVID, up to date? Is there anything else you think it would be helpful for us to know about your child/family?

Waitlist agreements
_____ (initial) I have read and understand the WPP waitlist policy. _____ (initial) I understand that joining the waitlist is not a guarantee of enrollment at WPP. _____ (initial) I understand that my waitlist and deposit fees are non-refundable.

Signatures		
Parent name	Parent signature	Date
Parent name	Parent signature	Date