

KIDS CHOICE AFTER SCHOOL CARE, INC WAITLIST FORM

Today's Date: _____	Desired Enrollment Date (month/date/year): _____
Child's Information:	
Child's/Children's Full Name(s) _____	
Grade(s) _____	
Parent Information:	
Parent/Guardian (Mother)	Parent/Guardian (Father)
Name _____	Name _____
Cell Phone # _____	Cell Phone # _____
Email Address _____	Email Address _____
Child's Schedule:	
<u>Schedule</u>	<u>Circle Appropriate Days</u>
<input type="checkbox"/> 5 days/week	M T W TH F
<input type="checkbox"/> 4 days/week	M T W TH F
<input type="checkbox"/> 3 days/week	M T W TH F
<input type="checkbox"/> 2 days/week	M T W TH F
Notes (For Office Use Only): 	