

KIDS CHOICE AFTER SCHOOL CARE, INC WAITLIST FORM

Today's Date: _____

Desired Enrollment Date (month/date/year): _____

Child's Information:

Child's Full Name _____

Entering Grade & Year _____ Male Female

Please specify if there are any distinct support needs for your child _____

Parent Information:

Parent/Guardian (Mother)

Parent/Guardian (Father)

Name _____

Name _____

Cell Phone # _____

Cell Phone # _____

Email Address _____

Email Address _____

Child's Schedule:

Schedule

Circle Appropriate Days

5 days/week

M T W TH F

4 days/week

M T W TH F

3 days/week

M T W TH F

2 days/week

M T W TH F

Notes (For Office Use Only):