## **Teeny Valley Tots Daycare & Learning Center**

## **Waiting List Form**

Thank you for your interest in Teeny Valley Tots Daycare & Learning Center! Please complete this form to be placed on our waiting list. Submission of this form does not guarantee enrollment, but we will contact you when a spot becomes available

Child Information	
hild's Name:	<b>DOB:</b> // <b>Gender:</b> □ M □ F □ Other
art Date: // Age Group:	: □ Infants (6m-1y) □ Toddlers (1-3y) □ Preschool (3-5y
Parent/Guardian Inform	ation
Parent/Guardian 1:	Phone:Phone:Phone:
Email:	Address:
Parent/Guardian 2:	Phone:
Schedule Preferences	
Days Needed: ☐ Mon ☐ Tue	□ Wod □ Thu □ E-i
IMP   Hill Ime   Part In	ma [ Morning [ Afternoon [ Elevible
1 ime: ☐ Full-1 ime ☐ Part-1 ir	me □ Morning □ Afternoon □ Flexible.
Additional Information	me □ Morning □ Afternoon □ Flexible.
	me □ Morning □ Afternoon □ Flexible.
Additional Information Allergies/Special Needs:	□ Referral □ Social Media □ Website □ Walk-In □
Additional Information  Allergies/Special Needs:  How did you hear about us? I Other:  Agreement & Signature By signing below, I confirm that	

Thank you for choosing Teeny Valley Tots Daycare & Learning Center!