



Covenant Children's Center

Where Love Makes A Difference

Waitlist Form

Date: ____/____/20____

Child's Name: _____ Sex: M F Birth date: ____/____/20____

Address: _____ City: _____ Zip Code: _____

Home Phone: (____)____-_____

Parent's Name: _____

Parent's Name: _____

Relationship to Child: _____

Relationship to Child: _____

Employer: _____

Employer: _____

Work Phone: (____)____-_____

Work Phone: (____)____-_____

Cell Phone: (____)____-_____

Cell Phone: (____)____-_____

Email: _____

Email: _____

Preferred Start Date: ____/____/20____

Preferred Schedule (please check):

- () Full-time () Part-time
- () Monday: _____ am to _____ pm
- () Tuesday: _____ am to _____ pm
- () Wednesday: _____ am to _____ pm
- () Thursday: _____ am to _____ pm
- () Friday: _____ am to _____ pm

OFFICE USE ONLY

Date Received _____/_____/20____

Tour Date _____/_____/20____

Waitlist Fee \$50.00

Cash Ck # _____

Does your child have any previous day care experience? Yes No Where? _____

How did you hear about us? _____

I understand that a \$180.00 in registration fees and 1st month's tuition at minimum rate is due as soon as space is confirmed. **All fees once submitted are non-refundable.**

Parent's Signature: _____

Please return this form to Covenant Children's Center with your non-refundable \$50 fee.

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670 East Meadow Drive, Palo Alto, CA 94306