Waitlist Form

Daycare Name: Tiny Tot Degrees LLC Date: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Ph #: _____

Relation to Child: _____ Email: _____

CHILD INFORMATION

Full Name: _____ Current Age: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

DESIRED ENROLLMENT INFORMATION:

Preferred Start Date: _____

Preferred Days of the Week: *(Check all that apply)*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Preferred Time of Day: *(Check one or more)*

☐ Full Day ☐ Morning Only ☐ Afternoon Only

☐ Other _____

REASON FOR SEEKING ENROLLMENT:

_____

_____

ACKNOWLEDGMENT

How did you hear about us?

☐ Referral ☐ Online Search ☐ Social Media ☐ Other: _____

PLEASE NOTE:

- Submitting this form places your child on our waitlist. We will contact you as soon as a spot becomes available.
- This form does not guarantee enrollment.

If no immediate openings are available, your child's name can be placed on our waiting list. Priority is given based on the following criteria:

- **Child's date of birth**
- **Date of application submission**
- **Siblings of currently enrolled children**
- **Paid-In-Full: $250 10 day trial period fee**

Referral Name:

_____

We will notify you as soon as a spot becomes available.

TERMS AND CONDITIONS:

☐ I understand that completing this form does not guarantee enrollment and that I will be notified if a spot becomes available.

☐ I agree to keep my contact information up-to-date and to inform the daycare of any changes.

_____ _____

Parent/Guardian Signature Date