

Arts For Kids Waiting List

Date of Tour: _____

Name: _____

Address: _____

Phone: _____

Name and Age of Children:

	Age	Birthdate
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Projected Started Date: _____

Type of Schedule

_____ Full time
_____ Part time > _____ Full Days M T W TH F
_____ Half Days _____

Will you be receiving child care assistance? _____ yes _____ no

Has your child/ren had previous child care placement? _____

If yes, where? _____

How did you hear about us? _____

OFFICE USE

Registration Fee Paid _____ Date _____ Ck# _____

Entered in system _____ Papework given _____ Confirmation phone call _____

Other: _____