



Wait List Request (2018-2019)

Account Name _____

Child's Name _____

Child's Birthday _____

Preferred Start Date (if approved) _____

Please list all days of your preferred schedule.

	Drop Off Time	Pick up Time
Monday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Tuesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Wednesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Thursday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Friday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)

Note these things about my request: (check all that apply)

- My days are flexible. I need _____ (# of days) and it does not matter which days. I listed all of the days above that can be considered.
- I need at least _____ (# of days) to accept a spot offered to me. Otherwise I cannot start.
- I can add additional days as they come open. I have an interim plan.
- My days *are not* flexible. I need these exact days in order to start.

I understand projections are estimates of classroom openings, and TELC does not guarantee spots to be available. Completion of this form does not imply offering the projected spots to my child. Openings will be offered according to my child's placement on the wait list. My check for \$25 (to be applied later towards my registration fee, if I enroll) payable to Trinity Early Learning Center or a credit card authorization form is attached.

Parent's Signature

Date

For office use

Recorded in ProCare

- New record
- Status
- Ledger
- Upload

Director

Date