



The Learning Treehouse Waiting List Form

Child's Name _____

Today's Date _____

Parent Name _____

Parent Address _____

Parent Phone Numbers _____
Home work cell/pager

Place of Employment _____

Child's Birth Date / Due Date _____

Desired Starting Date _____

Can your child do the following? (Please check all that apply)

Drink from a sippie cup? _____ Go to the potty on a regular basis? _____

Drink from a regular cup? _____ Feed self with a spoon? _____

Walk? _____ Talk? _____

Is your child currently taking any medication? If so, please list. _____

Has your child ever been in a daycare center or home daycare center before?

Disclosure:

By signing below I acknowledge that this is a waiting list form and does not guarantee that the desired starting date I have listed above will be the actual start date. The Learning Treehouse accepts children on a first come first serve / availability basis.

Also, this form will expire in 90 days from the date listed below. It is my responsibility to contact The Treehouse within this 90 day period to renew my spot on the waiting list.

Signature

Date

For office use only

Renewal Date: _____ Initial: _____ Renewal Date: _____ Initial: _____

Renewed: _____

Initial: _____