

115 Wolfe Street, Winchester, VA 22601

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WAITING LIST REGISTRATION FORM

Today's Date:/	Date Needing Child Care:	//_
Child's Information:		
Child's Name:		
Birth Date:/	Due Date://	_
Gender:FemaleMale		
Mom's Information:		
Mother's Name:		
Mother's Address:	City:	State:
Home/Cell Phone Number:		
Mother's Place of Employment:		
Email Address:		
Father's Information:		
Father's Name:		
Father's Address:	City:	_State:
Home/Cell Phone Number:		
Father's Place of Employment:		
Email Address:		

**Waitlist fee is \$50, when you are given a spot and registered there is another \$50 registration fee. You may mail the fee and this form back to us or drop it off. This fee is non-refundable and good for 1 year. Please understand that putting your child's name on the waiting list does not guarantee a spot in our facility. **