

Hope Children's Center Waiting List

Child's Name _____

Date of Birth _____ Gender _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone () _____ Alternate Phone () _____

E-Mail Address _____

- \$15 Waiting List Fee is nonrefundable
- Once your child is enrolled, the Waiting List Fee will go towards your registration fee
- It is your responsibility to notify Hope Children's Center with any changes in your address, telephone number and email address
- Waiting Lists for the current school year will not carry over to the next year's enrollment process

Additional Information:

Office Use Only:

Date _____ Amount Received \$ _____ Check # _____ Cash _____

18Months 2's Y3's O3's Y4's

O4's Y5's Kindergarten Number _____