

## **Waiting List Information**

We're delighted that you visited our Early Childhood program. We hope that you enjoyed your time with us today. If you would like your child on our waiting list, please complete the information below.

Today's date	Child's name
Child's birthdate	Parent's name
E-mail (Mom)	E-mail (Dad)
Mom's phone	Dad's phone
Full time: (5 days) * (4 days) * (5 half days ~ a.m only)	
Deposit-registration fee	Starting Date

In an effort to better understand and serve the needs of your child and family, we ask that you take a few minutes to complete the following thoughts.

During my tour of the preschool;

I learned . . .

I liked . . .

I wondered . . .

I didn't understand . . .

*I felt* . . .

I didn't like . . .

I have decided that this program meets the needs of my child and our family because;

I have decided that this program does not meet the needs of my child because;