

Peninsula Children's Learning Center Wait List Form

Today's Date: _____ Date of Tour: _____

Sibling of current Peninsula Student? Yes No

Parent/Guardian Name(s): _____

Phone: _____ E-mail Address: _____

Address: _____

ERDC Eligible JOBS Eligible Other: _____

Gross Monthly Household Income: \$ _____ monthly annually

Number of Household Members (those dependent upon income above) _____

Child: _____ Birth Date: _____ Classroom: _____

Child: _____ Birth Date: _____ Classroom: _____

Child: _____ Birth Date: _____ Classroom: _____

Does your child have a diagnosed disability? _____

Does your child have any allergies or are there any special needs or services that will help us guide classroom placement?

Schedule: We only consistently offer 5 days a week, but if we were able to offer part time, what is your preference? (circle one)

2 days/week	3 days/week	5 days/week
Tu/Th	M/W/F	M-F

Preferred start date: _____

Notes: _____

How did you hear about us? _____

Administrative use only:

\$25 Wait List Fee Paid by: cash check CC

EHS Eligible Priority Category: A B C D