



## Cielito Lindo SIP Waiting List Form

Date: _____	
Child's Name _____	
Date of Birth: _____	Sex: ____ Female ____ Male
Home Address: _____	
City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____	
Expected Date of Admission: _____ How did you hear about us? _____	
Program applying for: ____ Infant ____ Pre-toddlers ____ Toddlers ____ Pre-school ____ Pre- K	
Hours in care: ____ Full-Time Part-Time: ____ T-TH ____ M-W-F	
*****	
With whom does the child live? ____ Mother ____ Father ____ Both ____ Other	
Name of Parent/Legal Guardian: _____ Relationship: _____	
Home Address: _____	
Home Phone Number: (____) _____ Cell Phone Number: (____) _____	
Email Address: _____ @ _____	
*****	
Name of Parent/Legal Guardian: _____ Relationship: _____	
Home Address: _____	
Home Phone Number: (____) _____ Cell Phone Number: (____) _____	
Email Address: _____ @ _____	
Parent Signature: _____ Date: _____	
Please submit \$75 Waitlist Fee along with this form. This fee is nonrefundable but will be applied to your child's first month tuition.	

### Office Use Only

Director: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_

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