



## Waitlist Application

Application Date:	Requested Starting Date:
Child's Name:	Date of Birth or Due Date:
Parent's Name	Parent's Name
Address	Address
Abiding Love Lutheran Church Member: ___ Yes ___ No	Returning Family? Dates enrolled: _____
Email address	Email address
Employer	Employer
Home Number	Cell Number

How did you hear about our Center? \_\_\_\_\_

Why are you interested in this particular Center? \_\_\_\_\_

I have read and understand the Statement of Philosophy and Purpose of the Center. I understand that the center has low ratios and registration takes place two times a year. Therefore, being on the wait list DOES NOT guarantee me a space at the Center. I understand that date of application, age of the child and space in a classroom must be considered when enrolling new students. I understand that at the time I accept a space at the Center, I will pay a one-time, non-refundable enrollment fee of \$150 to reserve my child's space, in addition to monthly tuition rate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_