



Date: _____

An Early Learning Station
Children's Express, Inc.

Waiting List/Registration Form

Please fill out this form completely and return with a **\$40.00 deposit per child.**

This form is not valid without the accompaniment of the registration fee. *Please note: This fee is non-refundable**

If Children's Express Inc. offers the spot you have registered for, and it is not accepted at that time,
Children's Express Inc., reserves the right to offer the spot to the next registered family.

*****It is your responsibility to leave a number where you can be reached so that we may contact you if a spot becomes available.**

Child's Name _____
Last First Middle

Date of Birth _____ (Please estimate due date if child is not born yet)

Parent/Guardian Information

Mother's Name _____

Father's Name _____

Home Address _____
Street

Home Address _____
Street

City State Zip

City State Zip

Contact Number _____

Contact Number _____

Email Address _____

Email Address _____

Mother's Employer

Father's Employer

Company Name _____

Company Name _____

Work Number _____

Work Number _____

Please note that the following information is what you are **requesting**. Our capacity to accommodate all of your requests depends on availability. You will receive an acceptance letter when a spot that meets your needs is available. At times, we are unable to predict a date of availability due to waiting list lengths.

Requested start date: _____

Requested days of the week (**please circle**):

Monday Tuesday Wednesday Thursday Friday

Requested drop off time: _____

Requested pick up time: _____

For office use only:

Date Paid _____ **Check#** _____ **Acceptance letter sent:** _____