

The Learning Center Waitlist

Child

Child's First Name

Last Name

 F M

Sex

/ /

Address

Date of Birth (mm/dd/yy)

Age (yy & mm)

City

State

Zip

Palo Alto Cross Street

Siblings on waitlist

Sibling birthdates

 Yes No N/A

Admit siblings separately?

Parent 1's First Name

Parent 1's Last Name

Parent 1's Home Phone

Employer

Parent 1's Work Phone

Employer Address

PA Cross Street 2

e-mail address 1

Parent 2's First Name

Parent 2's Last Name

Parent 2's Home Phone

Parent 2's Employer

Parent 2's Work Phone

Parent 2's Employer Address

PA Cross Street 3

e-mail address 2

Live/Work

- This child lives within 1/2 mile.
 This child lives within 1 mile.
 This child lives in Palo Alto, but more than one mile away.
 One of the parents works within 1/2 mile.
 One of us works within 1 mile.
 One of the parents works in Palo Alto more than one mile away.

Please name any sibling that has attended The Learning Center.

Recommended by

Schedule

- FT
 4 full days
 3 full days
 2 full days
 5 am's
 4 am's
 3 am's
 5 pm's
 4 pm's
 3 pm's

First choice

- FT
 4 full days
 3 full days
 2 full days
 5 am's
 4 am's
 3 am's
 5 pm's
 4 pm's
 3 pm's

Second choice

- FT
 4 full days
 3 full days
 2 full days
 5 am's
 4 am's
 3 am's
 5 pm's
 4 pm's
 3 pm's

Third Choice

Will take anything Yes No

- Mon Wed Fri
 Tues Thur

Only These Specific Days

Here is a space for any comments you wish to make. Use the back, too.

Date by which you need space.

 Yes No Maybe

Would you take a space sooner?

RETURN THIS FORM TO THE LEARNING CENTER WITH YOUR \$25.00 FEE AND A SELF-ADDRESSED STAMPED ENVELOPE!

Office Use Only

Date first on list

 Yes No

Waiting list fee paid?

 Yes No

SASE enclosed

Tour date

Date paid

Date info updated

Notes