

WAITLIST FORM FOR AFTER SCHOOL CARE

Downtown **OR** **Rayleigh**

Child Information:

First name: _____ Last name: _____

Date of birth: (month/day/year) _____ Age: _____ Grade: _____

Gender: _____ School attending: _____

Please check one:

Full time: 3 – 5 days per week _____ Part time: 1 – 2 days per week _____

Parent Information:

First name: _____ Last name: _____

Address: _____ Postal Code: _____

Home phone: _____ Cell: _____ Work: _____

Email address: _____

Medical Information:

Does your child have any health, physical limitations, or special considerations that our staff should be aware of (e.g., behavioral concerns, injuries, emotional sensitivities, disabilities, recent loss, seizures, food allergies, support worker, etc.)? Yes No

If yes, please explain: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Although we do keep a waitlist it is YOUR responsibility to call the Coordinator of the program every year to update your information and stay on the list. Any available spots will be given out by June 1.