



Boone Beginnings Early Childhood and Family Development Center

Waiting List Form

Waiting List Fee:

A \$50.00 NON-refundable per child fee is needed to have your child/children on the waiting list at Boone Beginnings. Boone Beginnings will contact you when a space becomes available for your child.

Enrollment Fee:

When a spot for your child is available, you will receive a verbal or written communication. Upon receiving the notification you will be asked to submit the cost of one week of care to hold the spot as well as fill out and return the Enrollment Agreement Form. This fee will be applied to the child's first week of care. If you send the enrollment fee and then DO NOT take the spot, the enrollment fee is NON-refundable.

Child Name: _____

Child Name: _____

DOB: _____

DOB: _____

Program:

- Infant/Toddler
- Preschool 3 (circle 5 day 3 day 2 day)
- Preschool 4 (circle 5 day 3 day 2 day)
- After School

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Parent Name: _____

Parent Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

Desired Enrollment Date: _____

Please return this form and waiting list fee to:
1385 South 6th Street
Albion, NE, 68620

By signing this waiting list form. I understand that I am NOT ensured a spot in the childcare center but have been added to the waiting list. I also understand that IF an opening in the childcare center becomes available, the Center Director will contact me.

Signature

Date