



# Waitlist Form

Child's First & Last Name:	DOB*	Sex	Days Needed	Note
			M T W Th F	
			M T W Th F	
			M T W Th F	
			M T W Th F	

\*if child is not yet born, please put expected due date for DOB

Parent #1	Parent #2
Name	Name
Phone	Phone
Email	Email
Address	Address
Child's Address (if different than above):	
Desired Start Date:	

**Wait List Fee:** A \$50.00 NON-REFUNDABLE fee per child is required to place your child/children on the waitlist at Boone Beginnings. **Boone Beginnings will contact you when a space becomes available for your child.**

**Enrollment Fee:** When a spot becomes available for your child, you will receive verbal or written notification. Upon receiving the notification, you will be asked to submit a NON-REFUNDABLE fee equal to the cost of one week of care to hold your child's spot. This fee is applied to the first week of care for your child. Additionally, you will need to attend an enrollment meeting with the Director and your child's teacher before starting care.

By signing this Waitlist Form, I understand that I am NOT ensured a spot in the childcare center but have been added to the waitlist. I also understand that I will be notified when a spot in the childcare becomes available for my child.

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Parent Signature

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Date

Please return this form and Wait List Fee to:  
1835 S. 6th Street  
Albion, NE 68620