

# VALLEY CATHOLIC EARLY LEARNING SCHOOL

## *FULL TIME WAIT LIST FORM*

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Desired Start Date \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_