



Rachel's Place Early Learning Center

"A Place for God's Children"



Waiting List Form

Parent's Name _____

Address _____

Telephone: Home _____ Work _____

<u>Child(s) Name</u>	<u>Age</u>	<u>D.O.B</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate below the number of days per week and approximate hours you plan to use the center.

Monday _____ A.M. to _____ P.M.

Tuesday _____ A.M. to _____ P.M.

Wednesday _____ A.M. to _____ P.M.

Thursday _____ A.M. to _____ P.M.

Friday _____ A.M. to _____ P.M.

