CRADLE & CRAYON SOUTH

Waiting List Application

Date: _____

I wish to place my child(ren) on the waiting list for admission to CRADLE & CRAYON SOUTH, located at 45 Lyme Road, Hanover, NH.

Name of Parent or Guardian(s):_____

Address:_____

_____

_____

Parent or Guardian(s)Email:_____

_____

Daytime Phone: (_____) _____

Home Phone:(_____) _____

Signature: _____

Name(s) of Child(ren) to be placed on the waiting list: Date(s) of Birth (actual or expected)

_____ _____

_____ _____

Ideally, when would you like your child(ren) to begin? _____

How long do you expect your child to be enrolled here? _____