CRADLE & CRAYON SOUTH Waiting List Application

Date:	
I wish to place my child(ren) on the waiting list for adm CRAYON SOUTH, located at 45 Lyme Road, Hanover, N	
Name of Parent or Guardian(s):	
Address:	
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?	