



Waiting List Application

Lil' Bloomers Daycare

Date: _____

Child's Name: _____

Date of Birth or Due Date: _____ Male or Female: _____

Parent Name: _____

Cell Phone: _____ Email Address: _____

Parent Name: _____

Cell Phone: _____ Email Address: _____

Requested Start Date: _____

Requested Schedule: ___ Full-time M-F, ___ Part-time M/W/F, or ___ Part-time T/Th.

Additional Notes:

Office Use Only

Sibling Already Enrolled: Y or N Name: _____ Classroom: _____

Date Application Received: _____ Date Toured: _____

Offered Spot On: _____ Declined or Accepted: _____