

Tour Date: _____



Wait List Application

| | |
|--------------------------------------|-----------|
| Child's Name: | Birthday: |
| Street Address: City, State, Zip: | |

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|--|--------|
| Parent/Guardian Name: | Email: |
| Home Address (If different from above) | Cell: |
| City, Zip | Work: |
| Employer: | |

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|--|--------|
| Parent/Guardian Name: | Email: |
| Home Address (If different from above) | Cell: |
| City, Zip | Work: |
| Employer: | |

When and what are your childcare needs? _____

Does this child have a sibling on the wait list? _____ Birthday: _____

Has your child had previous childcare experience? Yes _____ No _____

If yes, where was your child previously enrolled? _____

Was your child's previous childcare experience positive for both you and your child? _____

If no, what made it a negative experience? _____

How did you hear of Hugs-n-Hearts Early Learning Center? _____