



# Waitlist Form

Child's Name:	Date of Birth:
Name of parent(s) or legal guardian:	Telephone number:

Preferred enrollment date: \_\_\_\_\_

I understand the non-refundable registration fee of \$50.00 that is required with this form secures a space for my child on the wait list of Little Unicorns Child Development Center but it does **NOT** guarantee a specific date on which a space at Little Unicorns CDC will be available.

Please feel free to contact us on your status on the waiting list and/ or our best predictions for future openings.

Please let us know if you find alternative care and would like your name removed from the list. It might help someone else get the care they need sooner. Thank you.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Registration fee \$ _____	Venmo CashApp	Paypal Credit Card	Date:
---------------------------	------------------	-----------------------	-------