

**Waitlist Application**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age Group (circle one) Program (circle one)**

Infant (6weeks-18months) Full Time (5 days)

Toddler (18months-3 years) Part Time (M, W, F)

Preschool (3 years) Part Time (T, TH)

Preschool (4 years)

How did you hear about Eastside Early Learning Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A $250.00 non-refundable waiting list fee is required. This waitlist application does not necessarily guarantee you a spot. Thank you for choosing Eastside Early Learning Center.***

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Signature of Parent/ Guardian Date

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| --- |
| Office use only  Paid $ \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Cash Check # \_\_\_\_\_\_\_\_ |

345 Blackstone Boulevard, Providence, RI 02906 401-272-3959 [www.eastsideearlylearning.org](http://www.eastsideearlylearning.org)