



Waiting List

Today's date: _____

Child's name: _____ Birthdate: _____ Male or Female: _____

Address: _____ City: _____ Zip Code: _____

Home telephone number: _____

Mother's name: _____ Cell phone number: _____

Father's name: _____ Cell phone number: _____

Current grade level: _____ School child is currently attending: _____

*** Program Information ***

When are you wanting to start the program? _____

What grade would you like to start your child in? _____

Do you need care after school? _____ If yes, which days? _____

Do you need care before school? _____ If yes, which days? _____

Do you have another child on a Legacy Academy waiting list? _____ If yes, please specify birthdate and grade wanting to enroll: _____

Do you have another child on a Sunshine Child Care & Learning Center waiting list? _____ If yes, please specify which Sunshine program: _____

Do you have another child currently enrolled in a Legacy Academy or Sunshine Child Care & Learning Center program? _____ If yes, please specify which Legacy grade or which Sunshine program: _____

OFFICE USE ONLY:

Program Change

Sibling Priority

Comments: _____