

Received: _____ Deposit: _____ Start Date: _____ Classroom: _____



Moscow Day School

Moscow, Idaho

Wait List Application

Child's Full Name: _____

Name you wish your child to be called at school: _____

Date of Birth: _____

Parent/Guardian #1 Full Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Address: _____

Parent/Guardian #2 Full Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Address: _____

Toilet Trained? (*circle one*) Yes/No

Anticipated start date (This information allows us to know when you are looking for care and is not guaranteed to be available): _____

Please indicate below your childcare needs. The available hours are 7:30am to 5:30pm. 5 days (Monday - Friday), 3 days (Monday, Wednesday, Friday) or 2 days (Tuesday and Thursday)
Required drop off before 9:00 am and no pick-up between 12:45 pm - 3:00 pm for children in napping classrooms.

Please call the school if your child will be absent or late 208-882-8426.

My child's schedule will be (please choose one): ___ 5 Days ___ 3 Days ___ 2 Days

Please include drop-off and pick-up times below, if other than 7:30am or 5:30pm.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

Would you like to be notified of an opening in your child's age group even if it does not match your requested schedule? (*circle one*) Yes/No

Additional Comments: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____