



Wait List Request Application

CHILD INFO				
Full Name:			Date:	
Male: _____	Female: _____	Age: _____	DOB: _____	Requested Start Date: _____

PARENT/LEGAL GUARDIAN INFO	
Name:	Name:
Relationship:	Relationship:
Cellphone:	Cellphone:
Address:	Address:
Email:	Email:

5-days (Monday-Friday), 3-days (Monday, Wednesday, Friday) or 2-days (Tuesday and Thursday)

Drop-off before 9:00am & no pick-up between 12:45pm - 2:45pm for children in napping classrooms (if possible).

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

ATTENDANCE					
Days in Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

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

How did you hear about Moscow Day School? _____

Additional Comments: _____

Parent Signature: _____

Date: _____