



Quick Waitlist Form

*This form will hold your students' spot on our waitlist.

General Information:

Full name: _____ Age _____ Birthdate __ / __ / ____

Address: _____

Email: _____

Siblings at CCM: _____ Other siblings: _____

Lives with: Mother _____ Father _____ Step-Parent _____ Guardian _____

Father's name: _____ Cell phone # _____

Father's employment: _____

Mother's name: _____ Cell phone # _____

Mother's Employment: _____

In case of an emergency & parents cannot be reached, please call: _____

Relationship to the Child: _____ Phone: _____

Waitlist Information:

Program Interested in: _____ Tour Date: __ / __ / ____

Attending Days: Full Day ___ or Half Day ___, 5 day ___, 4 day ___, 3 Day ___,

Other: _____ Is your child potty trained? Yes _____ No _____

Any issues we should be aware of: _____

Paperwork Date: __ / __ / ____ Requested Start Date: __ / __ / ____

*If at any point you would like to be removed from our waitlist please let us know.

Legal Parent/ Guardian Signature