



Date: _____

New Student - Registration Wait List Form

Wait List

“I understand that should a spot open for my child, I will be notified via phone and email (at the contact details listed below). The spot will be held for 7 days. If I fail to respond within the 7 days, my child’s name will be removed from the waitlist and my \$30 (waitlist fee) will be forfeited.”

Name (PRINT) _____ Signature: _____ Date: _____

Registration

“I understand that my child’s spot will be held for 30 days after the specified start date (stated below). If I fail to contact Little Frogs & Polliwogs with a new start date, 30 days after the initial start day, my spot will be given to the next person on the wait list and my \$80 (registration fee) will be forfeited.”

Name (PRINT) _____ Signature: _____ Date: _____

Child’s Name: _____

DOB: _____

Requested schedule:

Full time	Part Time	Mornings	MWF	T Th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom: _____

Start Date: _____

Contact Name: _____

Contact Number: _____

Email Address: _____

Payment Information: *(Office Use Only)*

Amount: _____

Method: Card Cash Check

Transaction #: _____