

Little Frogs and Polliwogs
3011 Brown Ave. Manchester, NH 03103
Telephone: 603.669.2695



Waiting List-Child's Information

Child's Name: _____

DOB: _____

Preferred 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"/>

Preferred State Date: _____

Classroom: _____

Contact Name: _____

Contact Number: _____

Email Address: _____

Little Frogs and Polliwogs maintains an ongoing wait list for new enrollments. Parents wishing to have their child's name placed on a wait list for enrollment must first pay the \$30 application fee and complete a wait list form. **Payment of this fee and completion of this form does not guarantee childcare on the date desired.** Our school is often at capacity and start dates can be difficult for us to project. The Assistant Director is responsible for managing the wait list and enrolling new families. Slots are filled on a first come, first served basis with the exception of the following priorities:

- Children who are currently enrolled in our program receive priority for transitioning into an older classroom.
- Siblings of children who are currently enrolled also receive our priority.

Although we typically do not call families on the waiting list unless there is an opening, from time to time we may contact you to see if your needs have changed since your initial application (even if a spot is not currently available) so we can keep an accurate waiting list.

"I understand that should a spot open for my child, I will be notified via phone and email (at the contact details listed above). 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." **Initial:** _____

"I understand that upon confirmation of space, a non-refundable family registration fee of \$80 is required. Also, a first weeks tuition deposit is also required to guarantee a space for the date discussed below within 2 weeks of confirmation." **Initial:** _____

Name (PRINT) _____ Signature: _____ Date: _____

Payment Information: *(Office Use Only)*

Amount: _____ Method: Card Cash Check

Transaction #: _____

Date Offered Position: _____ Start Date: _____ Staff Initial: _____