Hope Lutheran Early Learning Center
Waiting List Application

To be accepted for the waiting list at Hope Lutheran Early Learning Center, a **$40 nonrefundable application fee** (that will go toward your registration fee at the time of enrollment) is required. When a spot becomes available, you will have 24 hours to decide if you:

- Want the spot,
- Want to pass and keep your name on the list
- Want to delete your name from the list

If you decide that you want the spot, the deposit (one week's tuition) must be paid, and you must turn in completed enrollment papers, including auto payment authorization, within two weeks from the date of spot acceptance. If you have removed your name from the list, if you wish to apply again, you will be subject to another application fee.

Please check the options that you are willing to accept. You may indicate more than one enrollment schedule. If you are offered any schedule that you have checked and choose to decline, your name will go to the bottom of the waiting list for all enrollment schedules or you may choose to delete your name from the list altogether.

Full time _____ Half time _____

We do have a part time preschool room. In the infant and toddler rooms, part time care is offered on a limited basis only. In those rooms (and the preschool if the part time room is full), your child's part time schedule must match with another child's to complete a full time slot.

Part time: M/W/F_____ T/U_____ Mornings_____ Afternoons_____

Child's name_____ Gender: _____

Date of Birth (or due date)_____

Preferred Start Date _____(please state complete date)
Month Day Year

Parent/Guardian's Names_____

Address: _____
City State Zip Code

Phone number: (best to reach you) _____

E-mail address:_____

How did you hear about our center? Check all that apply:

Referral_____Website___ Radio___ Newspaper___ Flyer___ Door Hanger____

I have read and understand Hope Lutheran Early Learning Center's waiting list application policy. It is my responsibility to notify Hope Lutheran if I would like to make changes to my preferred start date or enrollment options. I will notify Hope Lutheran of any changes to my phone number and/or address, or if I wish to be taken off the waiting list.

Parent or Guardian's Signature_____ Date_____

Office use only

Application Received	Application Fee Received	Priority Number	Room

Revised 7/2010