



Little Smiles Bilingual Family Daycare

2323 Whittier Dr. Davis, CA 95618

(503) 304-1656 Email: sarahwei1972@gmail.com

Waiting List-Registration

Child's Name: _____

Desired Start Date: _____

Date of birth: _____

Sex (circle)-M or F

Program Full day Half Day Before and after school

Address: _____

Home Phone # _____

Parent/Guardian Name: _____

Cell Phone # _____

Work Phone# _____

E-mail address: _____

Parent/Guardian Name: _____

Cell Phone # _____

Work Phone# _____

E-mail address: _____

If child attends another school/program, please provide its name: _____

Is child fully potty trained: Yes No in Process

I hereby register my child _____ on the waiting list of Little Smiles Bilingual Family Daycare I agree to pay a non-refundable registration fee of \$80(single child) or \$100 (family). I understand that there is no guarantee of my child's acceptance to the daycare. However, parents will be informed as soon as an opening in available.

The child's registration will be kept on file for a period of three year.

Parents Signature: _____ Date: _____