



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

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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 \$100. 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 is available.

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

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_