



Bright Stars Children's Center
Waiting List Information

Infant Room Toddler Room Pre-School Room

Child's Name : _____

Gender: Male Female Birth Date: ____/____/____

Is this your child's first school experience? Yes No

Is your child toilet trained? Yes No

Parent #1 Information:

Name : _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phon(home) _____ (work) _____ (cell) _____

Email address : _____

Parent #2 Information:

Name : _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phon(home) _____ (work) _____ (cell) _____

Email address : _____

Requested Program Schedule:

Days Per Week: 2 Days 3 Days 4 Days 5 Days

Days Of The Week: Mon. Tue. Wed. Thur. Fri.

If the above request is flexible, please check the item(s) below. Flexible on:

Days Per Week Days of The Week

Desired Starting Date: ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____