

The Growing Tree Learning Center II

Waiting List Application



Date of Application _____

\$50.00 Application Fee PAID: _____ YES _____ NO / Check or Cash

Child's Name _____

Address _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell: _____

E: Mail Address: (Please Print Neatly) _____

Please Select Desired Hours:

Regular Hours: _____ (7:30 AM – 5:30 PM) Extended Hours: _____ (7 AM – 6:30 PM)

Date of Birth: _____ Sex: MALE FEMALE

Parent's or Guardian's Name:

Parent: _____

Parent: _____

Desired Enrollment Date: _____

How did you hear about our facility? Were you referred by a family member, friend, newspaper, or other?

If referred by a current student, please indicate student's name:
