**Wait List Form**

**Thank you for your interest in Born to Succeed! Please take a few minutes to complete this form and remember that if you are current parent, the $20 fee does not apply to your family.**

1. Please fill out all pertinent information and include a $20 per family fee to establish a “contact date” for our list. The fee is non refundable, however if enrolled it will be applied towards your enrollment fee. –If you are a current parent, this fee is waived.

2. If you have more than one child to sign up, please fill out a separate form for each child. (But only one $20 fee per family)

4. Please keep us updated with your address/phone changes. If we are unable to contact you when we have an opening for your child you will forfeit your space.

5. Enrollment is based upon the waitlist with preference being given to staff children and siblings of enrolled children.

6. We accept children from 8 weeks through 5th grade.

**Child’s last name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tour Date\_\_\_\_\_\_\_\_\_\_\_**

**Due/Birth date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Male** \_\_\_\_ **Female**\_\_\_\_ **Age** \_\_\_\_\_

**Date/Month care will be needed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the days of the week when care will be needed.**

**Monday Tuesday Wednesday Thursday Friday**

**Parents last name(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_**Zip** \_\_\_\_\_\_\_\_

**Contact Information:**

Best method to contact you: Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail form and $20 check to:**

Born to Succeed 4770 N. Shamrock St., Boise, Id 83713

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For Office Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original Contact Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_