Waiting List Application

Wylari

One per child. We fill openings from this list in order, matched to the age group and schedule that opens up.

YOUR CHILD

Child's name

Date of birth (or due date)

Desired start date

Schedule needed

☐ Full time ☐ Part time — days: ☐ M ☐ T ☐ W ☐ Th ☐ F

Sibling(s) currently or previously enrolled? (names)

YOUR FAMILY

Parent / guardian name

Phone

Email

City / neighborhood

How did you hear about us?

Anything we should know (care needs, schedule flexibility, questions)

Joining the list isn't a commitment on either side — we'll contact you when an opening fits, and you can accept, wait, or come off the list anytime. Please keep us posted if your contact info or plans change.

OFFICE USE

Date received

List position / group

Deposit (if any)

Contact attempts (dates)