

VALLEY CATHOLIC EARLY LEARNING SCHOOL

FULL TIME WAIT LIST FORM

DATE: _____ REFERRED BY: _____

Child's Name _____ Preferred Name _____

Child's Date of Birth _____ Age _____ Sex _____

Desired Start Date _____

Home Address _____ Telephone _____

City, State, Zip _____

Mother's Name _____ Work Telephone _____

Father's Name _____ Work Telephone _____

Religion _____ Parish _____