

Loving Hearts Little Hands Childcare Waitlist:

Date: _____

Name: _____

Birthday: _____

Start Date: _____

Enrollment Days: _____

Mothers Name: _____

Phone Number: _____

Fathers Name: _____

Phone Number: _____

I _____ agree to sign up for the days I am waitlisted for. If I choose to not enroll my child I will let Loving Hearts Little Hands know in a timely manner.