

Where Futures Begin Waiting List Enrollment Form

Only 1 Child per Form

Today's Date: _____

Requested Admission Date: _____

Child's Information

Name: _____ DOB: _____

Days needed: (circle) M T W R F Hours needed: _____

Contracting Parent's Information

Name: _____

Address: _____ City: _____

Phone No.: _____ Email Address: _____

This registration deposit of \$103.00 is non-refundable; however it will be used for your child's last week of care with Where Futures Begin. Once we have received your registration deposit of \$103.00, your child will be guaranteed a spot in our program. Our first approximate opening will be _____ (which could be subject to change). It is your responsibility to make sure all contact information is correct otherwise we will be unable to contact you upon enrollment.

If we are unable to have enrollment for your child after 1 year of this date, your registration deposit will be refunded.

Parent Signature: _____ Date: _____

OFFICE ONLY

Payment Received by: _____

Check No.: _____ Cash: _____

1st time parent contacted on _____ Final parent contact on _____

Please Mail Back to:

Where Futures Begin c/o Financial Manager 809 26th Street Bedford, IN 47421