



Cielito Lindo SIP Waiting List Form

Date: _____

Child's Name _____

Date of Birth: _____ Sex: ___ Female ___ Male ___

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Expected Date of Admission: _____ How did you hear about us? _____

Program applying for: ___ Infant ___ Pre-toddlers ___ Toddlers ___ Pre-school ___ Pre- K

Hours in care: ___ Full-Time Part-Time: ___ T-TH ___ M-W-F

With whom does the child live? ___ Mother ___ Father ___ Both ___ Other

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email Address: _____ @ _____

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email Address: _____ @ _____

Parent Signature: _____ Date: _____

Please submit **\$90** Waitlist Fee along with this form. This fee is nonrefundable but will be applied to your child's first month tuition. You may pay by check, money order, Venmo, Cash App.

Office Use Only

Director: _____ Date Received: _____

Notes: _____
