

## YPW WAITING LIST REGISTRATION FORM — Rev Winter 2024

- Please use a separate form for each child -

Today's Date _	/		Desired Start	Date:	_//_		
☐ \$85 Wait Lis	st Fee per Family						
	rion – Please check o	one -					
☐ YPW W							
☐ YPW Ce	entrai						
CHILD INFORM	ATION						
				Male or	Female? _		
Birth Date:	// Cur	rent Age:	_				
Desired Number	er Days per Week (5, 3	3, or 2)					
Address:							
City:		State:	Zip:				
_							
	RDIAN INFORMATIO						
	n 1 Full Name:						
1 <sup>st</sup> Daytime Pho	one:	□H □W □C 2ı	nd Daytime Pl	hone:			
Danant/Cuandia	on 2. Full Names				Casa:l.		
	nn 2 Full Name:						<del></del>
1st Daytime Pho	one:		nd Daytime Pi	none:		UH UW UC	
Does your child	l have a sibling on th	o waiting list?	□ Vos □ Na				
=	have a sibling on the	_					
If yes, give sibli	ng's first name, birth	date, and desir	ed start date:	:			ad.
If yes, give sibli	ng's first name, birth	date, and desir enrolled here?	ed start date:  If so, list nam	nes below	and provid	e dates attende	ed:
If yes, give sibling Have any sibling 1.	ng's first name, birth	date, and desir enrolled here? DOB:	ed start date:  If so, list nam	nes below a	and provid ended:	e dates attende	ed:
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