Lil' Rascals Waiting List

| Received Date: | | Registration Date: | | | |
|---|---|--|---|---|--|
| Child's Name: | | | | _ Birthdate: _ | |
| Please Circle: | MALE | FEMALE | | | |
| Parent(s) or Gu | ardian(s) | : | | | |
| | | | | | |
| Phone Numbers Hom | s: | | | | |
| Page | er/Cell: _ | | | | |
| Worl | K: | | | | |
| Scheduling Opt 5:30pm. You mu hours (see TUIT that you pay the multiple children indicate your chi | ust schedu ION RATE non-refun in the sar | ule at least 3 da ES). In order to idable registration ne family (disco | ays per week guarantee yo on fee. We count on TUITI | and meet our our child a spo offer a 10% di ON ONLY). I | minimum ot, we require scount for |
| | | SCHEDULE | REQUEST | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday ₋ | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Start Date: | | | | | |
| Parent/Guardian Sign | nature: | | | Date: | |

FOR OFFICE USE ONLY

| Letter Sent/Date | Phone Call/Date | Notes/Date | |
|------------------|-----------------|------------|--|
| | | | |
| | | | |
| | | | |