

VALLEY CATHOLIC EARLY LEARNING SCHOOL

FULL TIME WAIT LIST FORM

DATE: _____ REFERRED BY: _____

Child's Name _____ Preferred Name _____

Child's Date of Birth _____ Age _____ Gender _____

Desired Start Date _____ Email Address _____

Home Address _____

City, State, Zip _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Religion _____ Parish _____