



2100 New Hampshire Ave, NW  
 Washington, DC 20009  
 (202) 588 – 0035

## Waitlist Application

<b>Child's Name:</b>	
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Language(s) Spoken at Home:</b>	
<b>Parent/Guardian 1</b>	<b>Name:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Address:</b>	
<b>Parent/Guardian 2</b>	<b>Name:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Address:</b>	
<b>Requested Begin Date:</b>	

By signing and submitting this application, I understand that **Semillitas Early Child Development Center** will consider enrollment of my son/daughter based on available spaces in their program. I understand that the factors for enrollment and wait list priority are as follows: 1.) Age of child corresponding to open spots available, 2.) Sibling preference, and 3.) Date of application. I further understand that once a spot becomes available Semillitas will inform me of a start date and necessary forms submission and tuition payment arrangement deadlines.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Date