

Waiting list Information Sheet

Child's Name _____ Circle: *M* *F*

Date of Birth _____ Entrance Year: _____

Parents' Names _____

Address _____

Home Phone: _____ Work Phone _____ Cell: _____

E-Mail: _____

Program Preference: _____ Half Day _____ Extended Day _____ Full Day

Where did you hear about Jowonio School? _____

What type of child care situation has your child been in? _____

Does your child have any special needs? _____