

## WAIT LIST APPLICATION

Cece's Playhouse  
Maria Consuelo Lopez  
527 NE 180<sup>th</sup> St  
Shoreline, Wa. 98155  
206-853-2381

Date\_\_\_\_\_

### Child information

Last Name\_\_\_\_\_ First name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_

Date of Birth\_\_\_\_\_

Is your child currently in childcare? Yes\_\_\_No\_\_\_

When is daycare required? Month\_\_\_\_\_Year\_\_\_\_\_

Is there any other information you feel we should know?? Please provide details\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent information

#### Parent 1:

Last Name\_\_\_\_\_ First name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone #\_\_\_\_\_

e-mail\_\_\_\_\_ Employer\_\_\_\_\_

#### Parent 2:

Last Name\_\_\_\_\_ First name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone #\_\_\_\_\_

e-mail\_\_\_\_\_ Employer\_\_\_\_\_

### Schedule of care needed

Monday	Tuesday	Wednesday	Thursday	Friday
AM___PM___	AM___PM___	AM___PM___	AM___PM___	AM___PM___