



## Waiting List Information Form

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female First Language: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I heard about Jowonio from: \_\_\_\_\_

My child has been in the following child care situations:

\_\_\_\_ Home with parent \_\_\_\_ Home with family members: \_\_\_\_\_

\_\_\_\_ Day Care Center \_\_\_\_ Nursery school \_\_\_\_ In home child care

My child has had an evaluation. \_\_\_\_ No \_\_\_\_ Yes: Date: \_\_\_\_\_

My child has special needs, such as: \_\_\_\_\_

My child currently receives services such as:

\_\_\_\_ Speech Therapy \_\_\_\_ Occupational/Physical Therapy \_\_\_\_ Teacher Services

---

<u>Program</u>	<u>Preferences</u>	<u>Number of Days</u>
	<u>Ages</u>	
____ <u>Half-Day</u> (8:45-11:15)	2 year olds	____ 2 ____ 3 ____ 5
____ <u>Mid-Day</u> (8:45-1:00)	3 & 4 year olds	____ 2 ____ 3 ____ 5
____ <u>Full Day</u> (8:45-2:30)	3 & 4 year olds	____ 2 ____ 3 ____ 5