



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