

Cuddlebugs Child Development Center Wait List Application

Contact Date & Time (to be filled in by Director): _____

Thank you for your interest in Cuddlebugs Child Development Center. To place your child on our wait list, please mail the completed form, along with a \$25 non-refundable fee (per family) to:

Cuddlebugs Child Development Center, LLC
503 Hamilton Blvd, Warsaw, VA 22572

Please make \$25 checks made payable to CuddlebugsChild Development Center.

We record the official waitlist date as the date in which the waitlist check is received. We send a confirmation e-mail upon receipt of your completed form and your child remains on the list until they are too old for school or you decline a spot without stating that you would like to stay on the list. We use the wait list to fill openings which may become available during the school year and in the spring when we hold registration for fall classes. If a space becomes available and you are offered a space, you will have a limited time (usually no more than 48 hours) to respond before we move on to the next name on the list.

Child's Name: _____ Male Female

Date of Birth: _____

Parent Names: _____

Mailing Address: _____

Home Phone: _____ Cell Phone(s): _____

Email(s): _____

Start Date: _____ Fulltime Parttime Morning Only Preschool

How did you hear about our program? _____

Have any immediate family attended our preschool in the past? Yes No

Names and years attended: _____

How did you hear about the school? _____

Parent Signature: _____

Parent Printed Name: _____

Date: _____

Cuddlebugs Child Development Center does not discriminate on the basis of race, religion, gender, sexual orientation or ethnic background of children or families in its admissions