

Waitlist Application

| Parent's Name: | | | | | | |
|--|---------------------------|-------------------------|--|-------------------------|--------------------------|--|
| Child's Name: | | | | | | |
| Date of Birth: | | | | | | |
| | | zip | | | | |
| Phone (preferred): | Phone (preferred): (conta | | | ct #1) (contact #2 | | |
| Email Address: | | | | | | |
| Ideal Start Date: | | | | | | |
| Please indicate which loca | ition you are enr | olling for: | SELLWOOD_ | | ST. JOHNS | |
| Elefantitos (Sellwood only 6 months | () Koalas 12 months | Mariposas 2 year old | Ositos 3 year old | Patitos 3-5 year old | Lechuzas 4-5 year old | |
| Please indicate which A All-Day hours are 7:30a | | e you are interes | sted in; | | | |
| 5 Days (M-F) | 5 Days (M-F) | | | Monday-Friday | | |
| 4 Days (M-Th or T-F) | | | Monday/Tuesday/Wednesday/Thursday/Friday | | | |
| 3 Days | | | Monday/Wednesday/Friday | | | |
| 2 Days | Tuesday/Thursday | | | | | |
| Please indicate which AN | l schedule you a | re interested in; | | | | |
| AM hours are 8:30am-12: | 00pm | | | | | |
| 5 Days (M-F) Monday | | | | У | | |
| 4 Days (M-Th or T-F) Monday/Tuesday/Wednesday/Thursday | | | | | /Thursday/Friday | |
| 3 Days | Monday/Wednesday/Friday | | | | | |
| 2 Days | Tuesday/Thursday | | | | | |
| Parent Signature | | | Date | | | |

^{*}There is a non-refundable wait list fee of \$75.00 per child. The fee will place your child on the age-appropriate list for the classroom. If a space becomes available, you will have 48 hours to accept the opening and provide the school with the Parent Contract and prorated enrollment fee of \$125.00. UDT prioritizes siblings, and families looking for full-time care. If the opening is declined, or we are unable to contact you after several phone and email attempts, your application will be given a new registration date.