

Waitlist Application

Parent	's Name:						
	Name:						
	f Birth:						
Home	Address:			zip			
Phone	(preferred):	(contact #1)				(contact #2)	
Email /	Address:						
Please indicate which location		you are enrolling for:				└─J ST. JOHNS	
Elefantitos (Sellwood only) 6 months		Koalas	Mariposas 2 year old	Ositos 3 year old	Patitos	Lechuzas	
		12 months			3-5 year old	4-5 year old	
	indicate which ALL-DAY y hours are 7:30am-5:00 5 Days	•		1.			
	4 Days (M-Th or T-F)	Monday/Tuesday/Wednesday/Thursday/Friday					
	3 Days	Monday/Wednesday/Friday					
	2 Days	Tuesday/Thursday					
	indicate which AM sche ours are 8:30am-12:00pr	•	nterested in.				
	5 Days	Monday-Friday					
	4 Days (M-Th or T-F)	Monday/Tuesday/Wednesday/Thursday/Friday					
	3 Days	Monday/Wednesday/Friday					
	2 Days	Tuesday/Thursday					
Parent	Signature		Date				

Waitlist Policy

To join the waitlist for a classroom, there is a non-refundable fee of \$75.00 per child. This fee ensures that your child's name is added to the appropriate age-specific list. If a spot becomes available, you will have 48 hours to accept the opening and submit the Parent Contract along with a prorated enrollment fee of \$125.00. Priority on the waitlist is given to siblings and families seeking full-time care. If the opening is declined or if we are unable to reach you after multiple attempts via phone and email, your name will be removed from the waitlist.