

Pinehurst Wait List

Date Toured _____

Age Group: Infant _____ 1-2yr _____ 2-3 yr. _____ 4-5yr _____

Child's Name (if available) _____

Child Birthday or Due Date: _____

Parent Name #1 _____ Phone Number _____

Email _____

Parent Name #2 _____ Phone Number _____

Email _____

Looking For: Full Time _____ Part Time _____ Idea of which days? _____

Start Date _____

Do you receive assistance to help pay for childcare _____? If yes, then mark below

Working Connections _____ City of Seattle _____ Other _____

How did you hear about our center?

Friend _____ Live in the neighborhood _____ Web _____ Other _____

Stars:

Office Notes: