

# LOMA LINDA ACADEMY CHILDREN'S CENTER

## Waiting List Form

**Fee: \$20 non-refundable fee\*\* to be placed on the waiting list**

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Contact Information

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent Information

Do either parents work for LLA/LLU/LLUH? ( Y / N )

Is either parent a student at LLU? ( Y / N )

Is either parent a member of any local SDA church? ( Y / N )

Church Name: \_\_\_\_\_

### Child/Children Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Expecting Parents

Expected Due Date: \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Number of Days Needed: \_\_\_\_\_

Days Needed: (please circle) M T W Th F

Full Days / Half Days

\*Half Days are mornings  
only. Child must be picked  
up by 1 pm

What current kind of child care do you have? In Child Care Center \_\_\_ Babysitter \_\_\_ Relative \_\_\_ Other \_\_\_

How did you hear about us? Referral \_\_\_ HR Orientation \_\_\_ Drive-by \_\_\_ Other \_\_\_

\*\*If paying at center, preferred payment method is by debit or credit card.