



OFFICE USE

Fee Paid _____ / _____ (Staff Initial)

Copy Sent to Billing _____ / _____ (Staff Initial)

HARVEST
D A Y C A R E

WAITING LIST

Harvest Daycare Enrollment Packet must be submitted before start date

Today's Date: _____ Class: _____ Start Date Requested: _____

Next Available Start Date (According to Waiting list): _____

\$75 Enrollment Fee ___ Cash ___ Check ___ Credit Card (Enrollment fee will hold your spot on waiting list and is non-refundable. We can only hold your spot for up to 6 months after the anticipated start date)

CHILD INFORMATION:

Name _____

Date of Birth or Due Date _____ Male _____ Female _____

Home Address _____

***Responsible party to appear on billing statements?** _____

***Who has legal custody of the child? Both ___ Mom ___ Dad ___ Other** _____

FATHER OR GUARDIAN INFORMATION: Marital Status: ___ Married ___ Separated ___ Divorced ___ Single

Name _____ Email _____

Address (If different from Child's) _____

Place of Employment & Occupation _____

Home _____ Work _____

Cell _____ Other _____

MOTHER OR GUARDIAN INFORMATION: Marital Status: ___ Married ___ Separated ___ Divorced ___ Single

Name _____ Email _____

Address (If different from Child's) _____

Place of Employment & Occupation _____

Home _____ Work _____

Cell _____ Other _____

I received a copy of The Harvest Daycare & Preschool Policies and Procedures Handbook.

Parent or Guardian Signature: _____ Date: _____