

The Crayon Box Children's Learning Center - Waiting List Form

Child Information

Name of Child (Last, First, Middle Initial): _____

Child's Date of Birth: _____

Address (Number and Street, Building/Apartment Number): _____

City, State, Zip Code: _____

Parent/Legal Guardian's Name: _____ Primary Phone: _____

Home Address (if not child's address): _____

City, State, Zip Code: _____

Email Address: _____

Parent/Family Information

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

Do either parents work for AU/AA/RMES? (Y / N)

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

Do you have other children who attend AA or RMES? (Y / N)

If Yes, Child's Name & Grade: _____

Enrollment Information

Today's Date: _____ Desired Start Date: _____

Desired Tuition Plan: ☐ Plan B1 (20-25 hrs.) ☐ Plan B2 (26-29 hrs.) ☐ Plan C1 (30-35 hrs.) ☐ Plan C2 (35-39 hrs.)
☐ Plan D1 (40-45 hrs.) ☐ Plan D2 (46+ hrs.)

Desired Schedule

Monday _____:_____ - _____:_____

Tuesday _____:_____ - _____:_____

Wednesday _____:_____ - _____:_____

Thursday _____:_____ - _____:_____

Friday _____:_____ - _____:_____

Please schedule on the half hour.

We do not accommodate arrivals between 11:00 am and 3:00 pm.

Center hours: 6:45 am—6:00 pm M-Th.
6:45 am—4:30 pm F

Child's Classroom at Time of Desired Start Date:

- ☐ Infants (2 weeks - 11 months)
- ☐ Young Toddlers (12 months - 23 months)
- ☐ Older Toddlers (24 months - 35 months)
- ☐ Preschool * (36 months until 4 years)
- ☐ Pre-K* (4 years until 5 years)
- ☐ Young 5s* (5 years until 6 years)
- ☐ Summer Camp* (6 years—12 years)

*** must be fully potty trained to enroll.**

How did you hear about us?

☐ Referral _____ ☐ Website/Facebook ☐ Other _____

Return form to crayonbox@andrews.edu