

# The Crayon Box - Waiting List Form

**\*\*Wait time can vary up to 2+ years. Please have alternative care options in case we are unable enroll your child/ren by your desired start date.**

Today's Date: \_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_ Parent/Guardian Name #2: \_\_\_\_\_

## Contact Information

Cell Phone Number #1: \_\_\_\_\_ Cell Phone Number #2: \_\_\_\_\_

Work Phone Number #1: \_\_\_\_\_ Work Phone Number #2: \_\_\_\_\_

Home Phone Number #1: \_\_\_\_\_ Home Phone Number #2: \_\_\_\_\_

Email Address #1: \_\_\_\_\_ Email Address #2: \_\_\_\_\_

## 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: \_\_\_\_\_

## Child/Children Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Expecting Parents

Expected Due Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

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

Desired Schedule

How did you hear about us?

Referral \_\_\_\_\_

Drive-by

Website/Facebook

Other \_\_\_\_\_

Monday \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

Tuesday \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

Wednesday \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

Thursday \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

Friday \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

**Please schedule on the quarter hour.**

**Example: 8:00; 8:15; 8:30; 8:45, etc**