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: ____________________________
❑ Plan D1 (40-45 hrs.) ❑ Plan D2 (46+ hrs.)

Desired Schedule
Monday _____:____ - _____:____
Tuesday _____:____ - _____:____
Wednesday _____:____ - _____:____
Thursday _____:____ - _____:____
Friday _____:____ - _____:____

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 yeas 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