



**NORTH HILLS CHILD CARE CENTER  
WAITLIST INFORMATION**

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
(FIRST) (LAST)

BIRTH DATE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
(MOM)

\_\_\_\_\_ (DAD)

CELL PHONE #'s: \_\_\_\_\_  
(MOM)

\_\_\_\_\_ (DAD)

CURRENT CHILD CARE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT NHCCC ? : \_\_\_\_\_

WHAT MONTH WOULD YOU LIKE TO START YOUR CHILD?: \_\_\_\_\_

WE ARE INTERESTED IN THE FOLLOWING ATTENDANCE OPTIONS:

**FULL TIME: Monday thru Friday**

**PART TIME: M+W+F OR Tue + Thur**

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*THIS SECTION FOR OFFICE USE ONLY*

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION PACKET & HANDBOOK PROVIDED: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

START DATE: \_\_\_\_\_