

Little Stars Family Childcare
2905 Pearl St. Eugene, OR 97405
www.littlestarsfamilychildcare.com
SPARK - 4 Stars
541-525-6808

Date: _____

Waiting List Form

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Parents Information

Enrolling Parent(s)/ Guardian(s):

Relationship to Child:

Address: _____ City: _____ State: OR Zip: _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Employer: _____ Work Phone: _____ Ext.: _____

Work Address: _____ City: _____ Work Hours: _____

Are you applying for: ___ Full-time ___ Part-time ___ If PT what days? _____

When do you need to start care: _____

Are you requesting a long-term or short term care? _____

Do your children have immunizations records up-to-date? _____

Do your children need any type of special arrangements in order to met their individual needs? If so, explain: _____

Do your children have any type of allergies? _____

What are your children favorite activities?

Child 1: _____

Child 2: _____

Any relevant cultural information? _____

For preschool age only: Is your child potty trained? _____ drinking from a cup? _____

How did you hear about our program? _____

If you have any other information that you consider important about your children or your family please explain:

