



REQUEST FOR INTREST/WAITLIST FOR CHILD CARE FORM

* Indicates section must be complete

*CHILD INFORMATION

TODAY'S DATE: ____/____/____

First Name: _____ Last Name: _____

Birthdate: ____/____/____ Age: ____ Child's Gender: M/F

Is your child fully potty trained? _____

Address: _____

City: _____ State: _____ Zip: _____

***Program Desired:** Infant | Toddler 1-2 | Jr. Preschool | Preschool | Pre-K | Before & After School Care | Summer Camp

***Desired Enrollment Date:** ____/____/____

*How did you hear about us?

Elizabeth River Baptist Day Care Website | Facebook Page | Google Business Website
| Web search | Friend/Family Referral | Chesapeake Public School Referral | Other:

Parent/Guardian Information:

*Parent/Guardian #1 Name: _____

*BEST Contact Number: (_____) _____ - _____

*Parent/Guardian # 2 Name: _____

*BEST Contact Number: (_____) _____ - _____

*Email: _____@_____ | Please Select: Is this for Parent 1 or 2

Comments: