

Waiting List Information

1st Child's Name:					
	First	Middle	Last		
Date of Birth:		Age:	Sex:	M	F
2nd Child's Name	:				
(If applicable)		Middle	Last		
Date of Birth:		Age:	Sex:	M	F
Home Address:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Number and Street		City		Zip Code	5
Home Phone: (ome Phone: () 2nd Phone # : ()				
e-mail address:					
Custodial Parent/	Guardian Information:				
Mother's Name:			Work Phone: ()		
Place of Employm	ent:				
Job Position within	n District:				
Father's Name:			Work Phone: ()		
Place of Employm	ent:				
Job Position within	n District:				

BISD Child Care Center Waiting List Guidelines:

Space will be filled based off the date form is received and the age of the child. Currently enrolled children will have first opportunity to enroll for the upcoming year. Due to Texas Child Care Licensing Regulations and the age of the children currently enrolled will determine what age range is eligible for enrollment. Each individual child in a family must be put on the age-appropriate list. Parents must call or e-mail to update addresses and telephone numbers. If this information is not updated and the center is unable to contact your family and will fill the opening with the next name on the list. This form does not obligate the parent to enroll this child, nor does it obligate the BISD Child Care Center to accept the child.

Parent Initials _____ Date ____