



### Waitlist Application

<b>Child's Last Name:</b>		<b>Date of Ideal Care:</b>	
<b>Child's First Name:</b>		<b>Age at Entry to Care:</b>	
<b>Child's Nickname:</b>		<b>Date of Birth:</b>	<b>Expected Due Date:</b>
<b>Parent or Guardian Contact Information</b>			
<b>Name (first, last)</b>	Relationship		
Home/Cell Phone	Work Phone		
Personal Email	Work Email		
Address	City	Zip	
<b>Name (first, last)</b>	Relationship		
Home/Cell Phone	Work Phone		
Personal Email	Work Email		
Address	City	Zip	
<b>For Office Only:</b>			
Date Placed:	Waitlist Fee: <b>Waived at this time 5/17/2022</b>	Added to list:	
First offered space:	Second offered space:	Reason for removal:	

\_\_\_\_\_  
*Parent /Guardian Signature*

\_\_\_\_\_  
*Date*

# Waitlist Questionnaire

1. What days are you ideally needing care?

Mon          Tues          Wed          Thurs          Fri

2. What is your ideal start date?

3. Do you have flexibility if an alternative schedule or comes up before the one listed above? If yes, please clarify your flexibility.

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4. Are you interested in Full-Day hours (8:00-5:30) or Part Day (9:00-3:00)?

Part Day      Full Day

5. Are you a TBI Member?

Yes      No

6. Has your family been enrolled with TBI anytime between 2018-2022?

Yes      No

7. If TBI accepted ERDC (state subsidized tuition) would your family qualify?

Yes      No

8. Any additional comments:

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