

## **Wait Pool Application**

## (It is important that we have your cell phone carrier if you would like us to text you) <u>Please Print</u>

Mother/Guardian Legal Name	Date of Appl	Date of Application			
Address					
Home Phone	Work Phone	Work Phone			
Cell Phone	Cell Phone Ca	Cell Phone Carrier (ACS., AT&T, GCI, etc.)			
Father/Guardian Legal Name					
Address					
Home Phone	Work Phone	Work Phone			
Cell Phone	Cell Phone C	Cell Phone Carrier (ACS., AT&T, GCI, etc.)			
Email Address(s) (required to be conta	cted periodically concerning yo	ur child's enr	ollment		
Child's Full Name	Birth Date	M or F	Date of Care	IEP?	
Child's Full Name	Birth Date	M or F	Date of Care	IEP?	
Child's Full Name	Birth Date	M or F	Date of Care	IEP?	
If you rely on a subsidy program to cost of enrollment until we receive a				entire	

Please email any changes in contact information to <a href="mailto:eliapeterson@openarmsfairbanks.org">eliapeterson@openarmsfairbanks.org</a> We will call, email or text you when there is an opening in the program. Thank you for your interest in our program!