



# WAITLIST / VISITOR INFORMATION

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
(FIRST) (LAST) BIRTH DATE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
(MOM) (DAD)

CELL PHONE #S: \_\_\_\_\_  
(MOM) (DAD)

CURRENT CHILD CARE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT NHCCC?: \_\_\_\_\_

WHAT MONTH WOULD YOU LIKE TO START YOUR CHILD?: \_\_\_\_\_

INTERESTED IN: FULL TIME:  PART TIME:

(SELECT MINIMUM OF THREE DAYS PER WEEK)

MON TUE WED THUR FRI

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*THIS SECTION FOR OFFICE USE ONLY*  
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NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION PACKET & HANDBOOK PROVIDED: \_\_\_\_\_ REGISTRATION DATE: \_\_\_\_\_

START DATE: \_\_\_\_\_