



Waiting List Application

Elizabeth's Early Learning Center

Elizabeth's Learning Center provides full-time childcare for children 6 weeks through 5 years.

Date: _____

Parent/Guardian Name: _____

Phone #: _____

Address: _____

Email address: _____

Employer: _____

Child's Name: _____

Date of Birth: _____

Will you be approved for the Department of Social Services funding? Yes _____ No _____
If yes, attach a copy of your letter of approval. No deposit is required.

Case Worker: _____

EELC offers financial aid based upon demonstrated need. Financial aid applications will be available once a spot is offered to your child.

Siblings of currently enrolled children at EELC receive priority, however, placement is not guaranteed.

A non-refundable fee of \$20.00 is required to be placed on the Waiting List. I understand that payment of this fee does not guarantee a space for my child and that this fee is non-refundable under all circumstances. I understand that if I decline enrollment when a space becomes available, my child will be removed from the list.

Signature: _____ Date: _____

Accepted by: _____ Check #: _____ Date: _____