



## 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: \_\_\_\_\_

Are you eligible 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 \$35.00 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. Waiting list applications will be kept on file for one year. It is the responsibility of the parents to notify the school if they wish to remain on the list at the end of the year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking "I agree" and typing my name, I am affixing my signature to this document. I agree.

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Complete form and mail or bring, along with the \$35 fee, to Elizabeth's Early Learning Center, 2320 Bedford Avenue, Lynchburg, VA 24503

Accepted by: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_