

Loma Linda Academy Children's Center

Waiting List Form

****Wait time can vary up to 2+ years. Please have alternative care options in case we are unable enroll your child/ren by your desired start date.**

Fee: \$20 non-refundable fee to be placed on the waiting list**

Date: _____

Parent/Guardian Name #1: _____ Parent/Guardian Name #2: _____

Contact Information

Cell Phone Number #1: _____	Cell Phone Number #2: _____
Work Phone Number #1: _____	Work Phone Number #2: _____
Home Phone Number #1: _____	Home Phone Number #2: _____
Email Address #1: _____	Email Address #2: _____

Parent/Family Information

Do either parents work for LLA/LLU/LLUH? (Y / N)	Is either parent a student at LLU? (Y / N)
Is either parent a member of any local SDA church? (Y / N)	Church Name: _____
Do you have other children who attend LLE, LL Junior High, or LLA? (Y / N)	
If Yes, Child's Name & Grade: _____	

Child/Children Information

Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____

Expecting Parents

Expected Due Date: _____	Comments: _____ _____ _____ _____ _____	
Desired Start Date: _____		
Number of Days Needed: _____		Full Days / Half Days
Days Needed: (please circle) M T W Th F		*Half Days are mornings only. Child must be picked up by 12 pm

How did you hear about us? Referral ___ HR Orientation ___ Drive-by___ Other _____

****If paying at center payment method is by debit or credit card.**