



Fruit & Flower

JOYFUL LEARNING SINCE 1906

Waiting List Application Form

Please complete the following form and submit with the required non-refundable fee.

Please choose one location

Fruit and Flower Main Campus

Fruit and Flower @ PCC Rock Creek Campus

Child's Name: _____ Today's Date: _____

Birth Date/Expected Due Date: _____

Address: _____

City/State: _____ Zip Code: _____

Preferred Enrollment Date: _____

**Please note that care may not be available on your desired enrollment date.*

Previous Care: _____

Financial Assistance/Scholarship Request: Yes* No

**You must fill out the application for financial assistance/scholarship and return with this application.*

Custodial Parent Name: _____

Home Phone/Cell Phone: _____ Work Phone: _____

Email: _____

Occupation: _____

Employer: _____

Custodial Parent Name: _____

Home Phone/Cell Phone: _____ Work Phone: _____

Email: _____

Occupation: _____

Employer: _____

Sibling names and birthdates: _____

Additional Information: *Is there any additional information about you or your child that you think we should know?*

How did you hear about Fruit & Flower? _____

I understand Fruit & Flower's vaccine policy and that failure to comply will result in termination of care.

Intl.

Thank you for your interest in enrolling your child in Fruit & Flower! Tours are held two times a month and may be scheduled through the front desk staff at receptionist@fruitandflower.org.

We'd love to have your family visit! ☺

For more information on wait list or program questions please email Naomi Chavira at naomi.chavira@fruitandflower.org

For Office Use Only:

Wait list fee received (please initial): _____

Scholarship request: Yes / No Financial assistance form attached: Yes / No

Date entered on wait list: _____ Date follow-up letter sent: _____

Age group child interested in attending: _____