

Today's Date: _____



314 North 16th Ave. Bozeman, MT 59715
406.586.3700

Waiting List Application

Child's Name _____ Birth Date _____

Address _____

Parent(s) _____ Home Phone _____

Cell/Work Phone _____ Email _____

Requested Care (Days/Hrs) _____ Req. Start Date _____

Is This Child Covered by State Assistance? _____ Would You Like Info? _____

Have You Toured Our Facility? _____ Would You Like to Schedule a Trial Day? _____

How Did You Hear About Our Program? _____

Any Other Vital Information We Should Know about You or Your Child(ren)?

Please return this form to be placed on our waiting list. If space becomes available, a \$100 (or \$125 per family) enrollment fee will be required to process your application and guarantee your child(ren)'s placement. Additional holding fees may also apply if you are unable to begin care when the spot becomes available.

Thank you for considering ABC KidZ for the care of your children