

KIDS ADVENTURES  
WAITLIST INFORMATION

School Location: \_\_\_\_\_

Parent/Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_ for 200\_\_

Care needed:  AM only  PM only  AM & PM  
 5 days (M-F)  3 days (M,W,F)  2 days (Tu,Th)

Child #2 Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_ for 200\_\_

Care needed:  AM only  PM only  AM & PM  
 5 days (M-F)  3 days (M,W,F)  2 days (Tu,Th)

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my child(ren) will be put on the Kids Adventures waitlist and that Kids Adventures will accept children based on space availability (in accordance with the State of Maryland license requirements) on a first come basis.

I understand that Kids Adventures will contact me if a space becomes available for my child(ren).

I understand that this form must be mailed to the Kids Adventures office at the address on the back of this form and that **the site is unauthorized to accept this form.**

I further understand that it is my responsibility to update the information on my child's waitlist application.

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

